


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000003474	
1. Entity Name CASA CASUARINA, LLC	

Principal Place of Business 4300 SIX FORKS ROAD STE 900 RALEIGH, NC 27609	Mailing Address 4300 SIX FORKS ROAD STE 900 RALEIGH, NC 27609
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
08 NOV 19 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10212008 REIN-LLC CR2E101 (1/07)

4. FEI Number 36-4386310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CRAIG M. DORNE, PA 407 LINCOLN ROAD PENTHOUSE SOUTHEAST MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name <u>Stacy Wein Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1116 Ocean Drive</u> City <u>Miami Beach</u> FL Zip Code <u>33139</u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stacy Wein DATE 11/6/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOFTIN, PETER T 4300 SIX FORKS ROAD STE 900 RALEIGH, NC 27609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE 11/6/08 DAYTIME PHONE # 3059262818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE