PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	TED LIABILITY COMPANY NSTATEMENT	FLORIDA DE Sec DIVISIO	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  03 NOV 10 PM 1:54				
DOCUMENT # M9700000142  1. Limited Liability Company's Name  LBJ REALTY HOLDINGS, LLC					bonor to	•	
2. Principal Office Address 3. Mailing Office Address				200025068382 11/26/0301024016 **155.00			
148 S. Suite, Apt. #	6. WESTGATE AVE	SAME Suite, Apt. #, etc.		4. State/Country of Formation CALIFORNIA			
Suite, pp. 11, 500.					5. Date Organized or Qualified To Do Business in Florida 01/30/1997		
City & State LOS ANGELES, CA		City & State	,	6. FEI Numbr	er 953290456	Applied For	
Zip 90049	Country USA	Zip	Country	7.	S5.00 Ad	ditional Fee required ertificate of Status	
		8. Nam	ne and Address of Current Registers	ed Agent			
	Name IRA B. PRICE						
Street Address (P.O. Box Number is Not Acceptable) 9100 S. DADELAND BLVD.							
	Suite, Apt. #, Etc. # 1701		* * * * * * * * * * * * * * * * * * *		new a set to be the	, E.	
	City MIAMI		/		State Zip Code 33156		
9. I, being appointed the registered agent of the above sented limited tability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN							
<b>10.</b> Name:	es and Street Addresses of Managing Mem	nbers/Managers					
Titles	Name of Managing Members/Manage	ers	Street Address of Each Managing Member/Manager		City / State / Zip	,	
P/M	LARRY BLIVAS		_148_S. WESTGATE AVE.		LOS ANGELES CA 90049		
VP	JULIE BLIVAS		148 S. WESTGATE AVE.		LOS ANGELES, CA 90049		
	के प्लबग्री <b>ए</b>			CTATE	ED THINK	243	
			J U U U KAMAN	<del>77 (3 11 21 11 11</del> 11		tice	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all feel owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if rigade under oath.  Signature of Date 11/04/03 Daytime Phone # (310) 345-6767							
Typed or printed name of signing Managiro Member/Manager LARRY BLIVAS, PRESIDENT/MANAGER							