


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRET FILED
DIVISION OF STATE
RECORDS
05 DEC 15 AM 9:17

DOCUMENT # M97000000450 1. Entity Name ISLA CARROLL FARMS MANAGEMENT, L.L.C.					
Principal Place of Business 3665 120TH AVENUE SOUTH WELLINGTON, FL 33414			Mailing Address 2550 NORTH LOOP WEST 750 HOUSTON, TX 77092		
2. Principal Place of Business 109 NORTH POST OAK LANE Suite, Apt. #, etc. SUITE 425 City & State HOUSTON, TEXAS Zip 77024		3. Mailing Address 109 NORTH POST OAK LANE Suite, Apt. #, etc. SUITE 425 City & State HOUSTON, TEXAS Zip 77024		4. FEI Number 76-0534354 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BYRD, WADE R 350 ROYAL PALM WAY, SUITE 409 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>WRB</u> <u>Wade R Byrd</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOBROWSKI, PAUL 2550 NORTH LOOP WEST, SUITE 750 HOUSTON, TX 77092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOBROWSKI, PAUL 109 NORTH POST OAK LANE HOUSTON, TEXAS 77024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900062203559 12/15/05--01049--012 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Paul Dobrowski</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE PAUL DOBROWSKI, MANAGER			Date <u>11/30/05</u> Daytime Phone # _____		