


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 19 AM 8:38

DOCUMENT # L03000008287


1. Entity Name
CHAI PROPERTIES I, LLC



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| Principal Place of Business 888 BRICKELL AVENUE SUITE 600 MIAMI, FL 33133 | Mailing Address 888 BRICKELL AVENUE SUITE 600 MIAMI, FL 33133 |
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|--|--|
| 2. Principal Place of Business 261 NE 1st St. Suite, Apt. #, etc. 6th Floor | 3. Mailing Address c/o Heller & Chames, P.A. Suite, Apt. #, etc. 261 NE 1st St. 6th Floor |
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| | | | |
|---------------------------|---------------------------|--------------|----------------|
| City & State Miami, FL | City & State Miami, FL | Zip 33132 | Country USA |
|---------------------------|---------------------------|--------------|----------------|



09132005 REIN-LLC CR2E101 (6/04)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HELLER, JONATHAN
888 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
c/o Sherri R. Heller, P.A.
18205 Biscayne Blvd. Ste 2205
City Aventura FL Zip Code 33160

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  (NOTE: Registered Agent signature required when reinstating) DATE 9/13/05

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|------------------------------------|--|
| FILE NOW!!! FEE IS \$200.00 | Make check payable to Florida Department of State |
|------------------------------------|--|

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HELLER, JONATHAN 888 BRICKELL AVE., SUITE 600 MIAMI, FL 33133 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHAMES, DEBORAH 888 BRICKELL AVENUE, SUITE 600 MIAMI, FL 33131 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 04-05 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o Sherri R. Heller, P.A. 18205 Biscayne Blvd. Ste 2205 Aventura FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition c/o 261 N.E. 1st St. 6th Floor Miami, FL 33132 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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:  DATE: 9/13/05 305-372-5000