


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

2004 NOV 19 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000010952 1. Entity Name TRANSNATIONAL REALTY, LLC		
Principal Place of Business 1680 MICHIGAN AVENUE SUITE 1001 MIAMI BEACH, FL 33139		Mailing Address 1680 MICHIGAN AVENUE SUITE 1001 MIAMI BEACH, FL 33139
2. Principal Place of Business 3672 Grand Ave Ste 101 Suite, Apt. #, etc.	3. Mailing Address 1521 Alton Road Suite, Apt. #, etc. 433	
City & State Coconut Grove, FL	City & State Miami Beach, FL	4. FEI Number 11162004 REIN-LLC CR2E101 (6/04)
Zip 33133	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent JOSEPH M. BARISIC, PLLC 1680 MICHIGAN AVENUE SUITE 1001 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Corporate Solutions Group Street Address (P.O. Box Number is Not Acceptable) 1521 Alton Road Suite 433 City Miami Beach FL Zip Code 33139
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 <i>John A. Nor</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 11-25-04
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARISICORP, INC. <input type="checkbox"/> Delete 1680 MICHIGAN AVENUE, SUITE 1001 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200042900682 11/19/04--01048--007 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <i>John A. Nor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: 11/15/04 <small>Daytime Phone #</small>