

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000001241

FILED
Oct 05, 2005
Secretary of State

Entity Name: 35 NE 40TH STREET, LLC

Current Principal Place of Business:

C/O URBANA DEVELOPMENT, LLC
5046 BISCAYNE BLVD.
MIAMI, FL 33137

New Principal Place of Business:

35 N E 40 STREET
3RD FLOOR
MIAMI, FL 33137

Current Mailing Address:

C/O URBANA DEVELOPMENT, LLC
5046 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

35 N E 40 STREET
3RD FLOOR
MIAMI, FL 33137

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

TREMOULET, FABIEN RA
35 N E 40 STREET
3RD FLOOR
MIAMI, FL 33137 US

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.

SIGNATURE: FABIEN TREMOULET

10/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: TREMOULET, FABIEN MGRM
Address: 35 N E 40 STREET
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM () Change (X) Addition
Name: MORR, JEFF O MGRM
Address: 35 N E 40 STREET
City-St-Zip: MIAMI, FL 33137 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FABIEN TREMOULET

MGRM

10/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date