2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# L04000015419

Entity Name: CLINIQUE LA PRAIRIE LIFESTYLE DEVELOPERS, LLC

Current Principal Place of Business:

2800 BISCAYNE BLVD., SUITE 300
MIAMI, FL 33137

New Principal Place of Business:

201 SOUTH BISCAYNE BOULEVARD
SUITE 3400
MIAMI, FL 33131 US

Current Mailing Address:

2800 BISCAYNE BLVD., SUITE 300
MIAMI, FL 33137

New Mailing Address:

201 SOUTH BISCAYNE BOULEVARD
SUITE 3400
MIAMI, FL 33131 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COVIN, GREGGORY
2800 BISCAYNE BLVD., SUITE 300
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

FERRELL GROUP CORPORATE SERVICES, LLC
201 SOUTH BISCAYNE BOULEVARD
SUITE 3400
MIAMI, FL 33131 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: STEVE L. WASERSTEIN 07/14/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: MATTLI, ILONA
Address: 245 NORTH EAST 37TH STREET, SUITE 102
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 Chapter 119, 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: ILONA MATTLI MGR 07/14/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date