


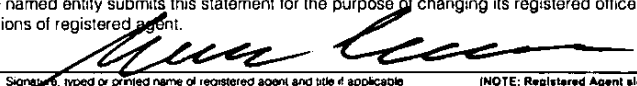
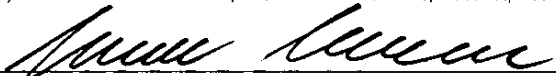


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000029693 1. Entity Name LDC SOUTH FLORIDA VENTURES, LLC						FILED 08 OCT 21 PM 2:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134				Mailing Address 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 10152008 REIN-LLC CR2E101 (1/07)			
City & State		City & State					
Zip Country		Zip Country					
4. FEI Number 20-1765389				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SCHECHTER, ROSA E ESQ. 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							
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  DATE 10-20-08 <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50				Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STERN, RODOLFO 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY - ST - ZIP	400137929534 11/14/08-01003-030 ***238.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STERN, EDUARDO 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HORWITZ, ROBERTO 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134			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		
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		
REINSTATEMENT							
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				10-20-08 (305) 461-2440			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			