

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 08, 2005
Secretary of State**

DOCUMENT# L04000054979

Entity Name: MSO PARTNERS, LLC

Current Principal Place of Business:

1441 BRICKELL AVE., 3RD FLOOR, SKY LOBBY
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1441 BRICKELL AVE., 3RD FLOOR, SKY LOBBY
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-1412436 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

ROZENCWAIG, LESLIE A ESQ.
C/O ROZENCWAIG & FERRERO-CARR
301 WEST HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 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: LESLIE ROZENCWAIG

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

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

Title: MR () Change (X) Addition
Name: WATSON, STEPHEN A
Address: 1441 BRICKELL AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33131

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

Title: MR () Change (X) Addition
Name: GALLO, JULIO F
Address: 1441 BRICKELL AVENUE, SUITE 300
City-St-Zip: MIAMI, FL 33131

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: STEPHEN WATSON

MR

10/08/2005

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