


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L05000021517 1. Entity Name AGU L.L.C. |  |
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
06 SEP 14 AM 10:03

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| Principal Place of Business 18246 COLLINS AVENUE SUNNY ISLES, FL 33160 | Mailing Address 18246 COLLINS AVENUE SUNNY ISLES, FL 33160 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 20301 W COUNTRY CLUB DR. Suite, Apt. #, etc. 2022 | 09192006 REIN-LLC CR2E101 (11/05) |
| City & State | City & State AVENTURA FL | 4. FEI Number 20-2939159 |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |



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| 6. Name and Address of Current Registered Agent DUBROVSKY, GASTON 18246 COLLINS AVENUE SUNNY ISLES, FL 33160 | 7. Name and Address of New Registered Agent Name SCHOR ELIANA Street Address (P.O. Box Number is Not Acceptable) 20301 W COUNTRY CLUB DR # 2022 City AVENTURA FL Zip Code 33180 |
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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: *Schor* DATE: 09/18/06

(NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|--|-----------------------|---|
| TITLE | MANAGER LABOUSKY CARMEN D 18246 COLLINS AVE SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | MEMBER LABOUSKY BENITO A 18246 COLLINS AVE SUNNY ISLES, FL 33160 <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | 04/27/06 - 90017-007 - \$50.00 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: *Schor* **SCHOR ELIANA** DATE: 09/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #