

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000033215

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: LILO 1323, L.L.C.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134

**New Mailing Address:**

777 BRICKELL AVE  
SUITE 1270  
MIAMI, FL 33131

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

PRATS, GABRIEL  
2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 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: GP

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OYAGA, LEONIDAS J  
Address: 401 NW 16TH STREET, UNIT 1283  
City-St-Zip: ATLANTA, GA 30363

Title: MGR (X) Delete  
Name: OYAGA-LOEWY, ANDRES  
Address: 401 NW 16TH STREET, UNIT 1283  
City-St-Zip: ATLANTA, GA 30363

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OYAGA, LEONIDAS J  
Address: 2121 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LEONIDAS OYAGA

MGR

03/08/2007

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