
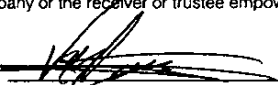


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

* FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 23 AM 10:09

DOCUMENT # L05000078936 1. Entity Name ESSINGTON REAL ESTATE, LLC					
Principal Place of Business 3383 NW 7 ST. 301 MIAMI, FL 33125 US		Mailing Address 3383 NW 7 ST. 301 MIAMI, FL 33125 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3413808	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Applied For Not Applicable		10172006 REIN-LLC CR2E101 (11/05)			
6. Name and Address of Current Registered Agent JEFFREY E. CAMPION, P.A. 1730 MAIN ST. 216 WESTON, FL 33326				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHEROUDIS, VASILIOS			NAME	200081088112
STREET ADDRESS	3383 NW 7 ST., 301			STREET ADDRESS	10/23/06--01003--018 **50.00
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	2006
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, CARLOS			NAME	
STREET ADDRESS	3383 NW 7 ST., 301			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125			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	
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: 				Date: 10/17/06	Daytime Phone #: 305.541-5591
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					