2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# L05000123233

Entity Name: 4205 ONE MIAMI LLC

Current Principal Place of Business:

3326 MARY ST., STE. 601
MIAMI, FL 33133

New Principal Place of Business:

1680 MICHIGAN AVENUE
SUITE 1016
MIAMI, FL 33139

Current Mailing Address:

% CARLOS MAURICIO NAVARRO
2829 BIRD AVE., STE. 5, PMB 299
MIAMI, FL 33133

New Mailing Address:

% CARLOS MAURICIO NAVARRO
2829 BIRD AVE., STE. 5, PMB 299
MIAMI BEACH, FL 33133

FEI Number: **FEI Number Applied For (X)** **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:

LAZO, ALBERT J P.A.
3326 MARY ST., STE. 601
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

LAZO, ALBERT J P.A.
1680 MICHIGAN AVENUE
1016
MIAMI BEACH, FL 33139 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: ALBERT LAZO, PRESIDENT 02/21/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NAVARRO, CARLOS M
Address: 2829 BIRD AVE., STE. 5, PMB 299
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS MAURICIO NAVARRO MGR 02/21/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date