

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 23, 2007  
Secretary of State**

DOCUMENT# L06000087405

Entity Name: EMB HOUSING SOLUTIONS, LLC

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE, SUITE 1240  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

150 ALHAMBRA CIRCLE, SUITE 1240  
SUITE 1240  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

150 ALHAMBRA CIRCLE, SUITE 1240  
CORAL GABLES, FL 33134

**New Mailing Address:**

9871 S.W. 60 AVENUE  
MIAMI, FL 33156 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) 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:**

JORGE A. FERNANDEZ, P.A.  
150 ALHAMBRA CIRCLE, SUITE 1240  
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: JORGE A. FERNANDEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: BELTRAN, VIOLETA  
Address: 150 ALHAMBRA CIRCLE, SUITE 1240  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change ( ) Addition  
Name: BELTRAN, VIOLETA  
Address: 150 ALHAMBRA CIRCLE, SUITE 1240  
City-St-Zip: CORAL GABLES, FL 33134 US

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: VIOLETA BELTRAN

MGR

10/23/2007

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