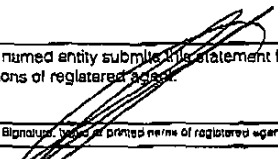
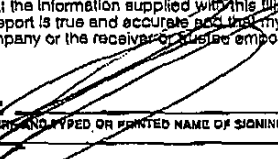


L03000031313

**2004 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L03000031313			
1. Entity Name ISLAND PROPERTIES, LLC			
Principal Place of Business 80 S.W. 8TH STREET, #2000 MIAMI, FL 33130		Mailing Address 80 S.W. 8TH STREET, #2000 MIAMI, FL 33130	
2. Principal Place of Business 501 Brickell Key Dr. Suite, Apt. #, etc. 300		3. Mailing Address 501 Brickell Key Dr. Suite, Apt. #, etc. 300	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA
4. FEI Number 54-2122953		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONATHAN J. LIGHTMAN, P.A. 120 EAST PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name GARY LEVINSON, P.A. Street Address (P.O. Box Number is Not Acceptable) 501 Brickell Key Dr. #300 City Miami FL Zip Code 33131	
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 		GARY LEVINSON, P.A. October 25, 2004 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVINSON, GARY A 501 BRICKELL KEY DRIVE, SUITE 300 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 		Gary A. Levinson, Manager 10/25/04 (305)374-3471 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	

FILED
04 OCT 25 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10252004 REIN-LLC CRZE101 (6/04)

REINSTATEMENT 2004

800042184108

CSC.

CORPORATION SERVICE COMPANY

L 03000031313

ACCOUNT NO. : 072100000032

REFERENCE : 940799 7145484

AUTHORIZATION :

Patricia Pizute

COST LIMIT : \$ 155.00

ORDER DATE : October 25, 2004

ORDER TIME : 11:52 AM

ORDER NO. : 940799-005

CUSTOMER NO: 7145484

CUSTOMER: Gary Levinson, Esq.
Levinson & Lichtman, LLP
Suite 300
501 Brickell Key Drive
Miami, FL 33131

FILED
04 OCT 25 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ISLAND PROPERTIES, LLC

XX REINSTATEMENT

BK

10/25/04 CT
CV

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____