L03000031313

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L03000031313

1. Entity Name
ISLAND PROPERTIES, LLC

Principal Place of Business	Mailing Address
80 S.W. 8TH STREET, #2000 MIAMI, FL 33130	80 S.W. 8TH STREET, #2000 MIAMI, FL 33130

10252004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
501 Brickell Key Dr.	501 Brickell Key Dr
Suite, Apt. #, etc.: 300	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	7. Name and Address of New Registered Agent
JONATHAN J. LICHTMAN, P.A. 120 EAST PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	800042184108
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BK	☐ 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)(i), 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 #

CORPORATION SERVICE COMPANY

L03VUUU31313

ACCOUNT NO. : 072100000032

REFERENCE : 940799 7145484

AUTHORIZATION : Patricia Pizzuto

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

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DOMESTIC FILINGS

NAME: ISLAND PROPERTIES, LLC

XX___ REINSTATEMENT

BR

COT CT

CM

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____