

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000054937

1. Entity Name
AA2 HOLDINGS, L.L.C.



FILED

06 SEP -8 PM 2:53

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Principal Place of Business
1455 NORTH PARK DRIVE
WESTON, FL 33326 US

Mailing Address
1455 NORTH PARK DRIVE
WESTON, FL 33326 US

05



2. Principal Place of Business
1637 NW 27 AVE
Suite, Apt. #, etc.
SUITE 200

3. Mailing Address
1637 NW 27 AVE
Suite, Apt. #, etc.
SUITE 200

09072006 REIN-LLC CR2E101 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33125 USA

Zip Country
33125 USA

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SMOLEY, ROBERT
1455 NORTH PARK DRIVE
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name
JORGE MORERA

Street Address (P.O. Box Number is Not Acceptable)
1637 NW 27 AVE., #200

City
MIAMI

Zip Code
FL 33125

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 *Jorge Morera* DATE 9-7-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARISSO, ALBERT 815 NW 57TH AVENUE MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARISSO, ALBERT 1637 NW 27 AVE., MIAMI FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORERA, JORGE 1637 NW 27 AVE., MIAMI, FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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REINSTATEMENT 2005-2006

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: *Jorge Morera* DATE 9-7-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #