
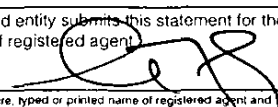
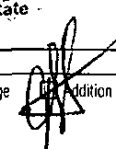


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR -5 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000070438					
1. Entity Name ALONSO REALTY HOLDINGS, LLC					
Principal Place of Business 2766 SW DOUGLAS RD. MIAMI, FL 33133			Mailing Address 2766 SW DOUGLAS RD. MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box # 2766 SW Douglas Rd			3. Mailing Address 55 Ocean Lane Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc. 1033		
City & State Miami, FL			City & State Key Biscayne, FL		
Zip 33133	Country Miami-Dade	Zip 33149	Country Miami-Dade	4. FEI Number 20-1768721	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  FINK, BRIAN L 2600 DOUGLAS ROAD, SUITE 1109 CATLIN SAXON EVANS FINK & KOLSKI, P.A. CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name MENDIVE & ASSOCIATES, LLC Street Address (P.O. Box Number is Not Acceptable) 250 CATALONIA AVENUE, SUITE 705 City CORAL GABLES FL Zip Code 33134		
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  DATE 3/29/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAMAMES, FERNANDO 55 OCEAN LANE DRIVE APT 1033 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAMAMES, SYLVIA 55 OCEAN LANE DRIVE APT 1033 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900096485119 04/11/07--01027--016 **105.00 <input 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	<input 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	REINSTATEMENT 06-07 <input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 2 2007 305-8579830  
Date Daytime Phone #

Daytime Phone #

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.