2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 24, 2007
Secretary of State

DOCUMENT# L05000083445

Entity Name: 1755 AQUA VISTA II LLC

Current Principal Place of Business:

2020 NE 163RD STREET
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

11900 BISCAYNE BOULEVARD
SUITE 881
N. MIAMI, FL 33181

Current Mailing Address:

2020 NE 163RD STREET
N. MIAMI BEACH, FL 33162

New Mailing Address:

11900 BISCAYNE BOULEVARD
SUITE 881
N. MIAMI, FL 33181

FEI Number: 56-2528672 **FEI Number Applied For ( )** **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:

SCHIFFMAN, ADAM R ESQ.
2999 N.E. 191 STREET, SUITE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ELI, HADAD
11900 BISCAYNE BOULEVARD
SUITE 881
NORTH MIAMI, FL 33181 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: ELI HADAD 10/24/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HADAD, ELI
Address: 1990 N.E. 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HADAD, ELI
Address: 11900 BISCAYNE BOULEVARD, SUITE 881
City-St-Zip: N. MIAMI, FL 33131

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: ELI HADAD MGR 10/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date