

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL -3 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000111373

Ob

1. Limited Liability Company's Name

AVENUE 209-1105, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 2600 Douglas Road		3. Mailing Office Address 2600 Douglas Road	
Suite, Apt. #, etc. Suite 1100		Suite, Apt. #, etc. Suite 1100	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country USA	Zip 33134	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 11/18/2005	
6. FEI Number 20-3807798	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
JORGE L. GURIAN

Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Road

Suite, Apt. #, Etc.
Suite 1100

City
Coral Gables

State
FL

Zip Code
33134

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 07/02/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MANUEL PENCHE	2600 Douglas Road, Suite 1100	Coral Gables, FL 33134
			400132654974 07/10/08--01029--014 **416.25
			REINSTATEMENT 2006-2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Date 07/02/08

Daytime Phone # 305-279-4101

Typed or printed name of signing Managing Member/Manager MANUEL PENCHE

L050000111373

FILED
08 JUL -3 PM 1:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

July 2, 2008

Division of Corporations
State of Florida
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: AVENUE 209-1105, LLC (L05000111373)

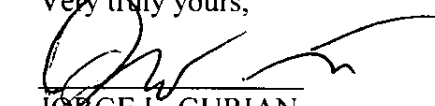
To Whom It May Concern:

Enclosed please find the Reinstatement Report for AVENUE 209-1105,LLC. The annual Uniform Business Report had not been filed previously because the managing member had never received the renewal package during calendar year 2006, 2007 or 2008. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2006, 2007 & 2008.

We therefore respectfully request that you accept this filing as timely and classify the limited liability company as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,


JORGE L. GURIAN


MANUEL PENCHE

Enclosure