2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L05000012836

Entity Name: 840 FIRST STREET PARTNERS, LLC

Current Principal Place of Business:

100 COLLINS AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

840 FIRST STREET
MIAMI BEACH, FL 33139

Current Mailing Address:

100 COLLINS AVE.
MIAMI BEACH, FL 33139

New Mailing Address:

157 COLLINS AVENUE
2ND FLOOR
MIAMI BEACH, FL 33139

FEI Number: 20-2310007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CHEFETZ, MYLES A
100 COLLINS AVE.
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CHEFETZ, MYLES A
157 COLLINS AVE
2ND FLOOR
MIAMI BEACH, FL 33139 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: MYLES CHEFETZ 03/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete
Name: FOX, NELSON
Address: 100 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGMR ( ) Change (X) Addition
Name: CHEFTEZ, MYLES
Address: 157 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

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: MYLES CHEFETZ MGRM 03/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date