

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000010897

FILED
Jul 07, 2005
Secretary of State

Entity Name: NIKKEI INVESTMENTS, L.L.C.

Current Principal Place of Business:

1801 PURDY AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

275 GIRALDA AVENUE
CORAL GABLES, FL 33144

Current Mailing Address:

520 N. 49TH STREET
MIAMI BEACH, FL 33140

New Mailing Address:

275 GIRALDA AVENUE
CORAL GABLES, FL 33144

FEI Number: 65-1079318 **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:

BLANCO, JORGE E ESQ
1401 PONCE DE LEON
STE 202
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AGUILAR, BAYARDO N CPA
8425 SW 81ST TERRACE
MIAMI, FL 33143 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: BAYARDO N. AGUILAR, JR CPA

07/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SUCRE, ALEJANDRO
Address: C/O 1401 PONCE DE LEON BLVD # 202
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SUCRE, ALEJANDRO
Address: C/O 275 GIRALDA AVENUE
City-St-Zip: CORAL GABLES, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALEJANDRO SUCRE

MGR

07/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date