PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED Liability Co.	
REINSTATEMENT	

FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #	Ŀ00000016043

1. Name of Limited Partnership

BFL Real Estate Company, LLC

Suite 200 Suite 200 City & State Miami, Florida City & State Miami, Florida Zip 33131 Country 33131 US Summand Address of Current Registered Agent Name Al varo Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue Suite 200 City Miami 9. Pursuant to the provisions of sections 620, 1051 and 620, 192. Florida Statutes To the purpose of changing its registered digent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. Accepting Appointment) DATE 10. Name(s) 6 May by May May May May May May May May May Ma									
Suite 200 Suite 200 Suite 200 Suite 200 Suite 200 Siste State Miami, Florida City & State Miami, Florida Country 33131 Country 33131 Siste State Miami, Florida Siste Country Suite 200 Suite 200 Suite 200 Suite 200 Suite 200 Suite 200 City Miami Suite 200 City Miami Suite 200 City Miami Miami Miami Miami Suite 200 City Miami Miami Miami Suite 200 City Miami Suite 200 City Miami Miami Miami Suite 200 City Miami Suite 200 City Miami Mia	· · ·		_						
City & State Miami, Florida Zip 33131 Country 33131 Country 33131 Country 33131 Since and Address of Current Registered Agent Name Alvaro Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue Suite, Apt. #. Etc. Suite 200 City Miami P. Pursuant to the purcose of changing is registered differ or registered agent, or both, in the State of Forda. Such charge was authorized by its general partner(s). I hereby accept the appointment of registered agent. I have formed in the formation of the State of Forda. Such charge was authorized by its general partner(s). I hereby accept the appointment of registered agent. I have formed in the Country agent for the formation of the State of Forda. Such charge was authorized by its general partner(s). I hereby accept the appointment of registered agent. I have formed in the formation of the State of Forda. Such charge was authorized by its general partner(s). I hereby accept the appointment of registered agent. I have formed in the formation of the State of Forda. Such charge was authorized by its general partner(s). I hereby accept the appointment of registered agent. I have formed in the state of Forda. Such charge was authorized by its general partner(s). I have by accept the appointment of registered agent. I have formed in the state of Forda. Such charge was authorized by its general partner(s). I have by a captility of the state of Forda. Such charge was authorized by its general partner(s). I have by accept the appointment of registered agent. I have by a captility of the state of Forda. Such charge was authorized by its general partner(s). I have by a captility of the state of Forda. Such charge was authorized by its general partner(s). I have by a captility of the state of Forda. Such charge was authorized by its general partner(s). I have by a captility of the state of Forda. Such charge was authorized by its general partner(s). I have by a captility of the state of Forda. Such charge was authorized by its general	Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-1067806 Not Applica			
Certificate of Status Edition (State Milami, Florida Milami, Florida Status, F	Suite 200		Suite 200						
8. Name and Address of Current Registered Agent Name Al varo Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue Suite 200 City Miami 9. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s) I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE 10. Name(s) of March State Office Box Numbers) Cardinas of Each General Patter. City. State and Zip Code 10a. Registration Document Numb CARDINAL COLLAN S.A. 1390 Brickli Ave., #200 Miami, Florida 33131 L00000016043	-				CERTIFICATE OF STA	TŲS DESIRED	\$8.75 Additional Fee require		
Name Al varo Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue Suite, Apt. #, Etc. Suite 200 City Miami P. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statem for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am ternilar with, and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE 10. Name(s) c		1 '	•	,					
Al varo Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickel I Avenue Suite, Apt. #, Etc. Suite 200 City Miami 9. Pusuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE 10. Name(s) o Marcel Statutes (Do Noti Use Post Office Box Numbers) CARDINAL COLLAN S.A. 1390 Bricktl Ave., #200 Miami, Florida 33131 L00000016045		8. Name and Address of	Current Registered Age	ent			en e e e e e e e e e e e e e e e e e e		
Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue Suite, Apt. #, Etc. Suite 200 City Miami 9. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this stateme for the purpose of changing lis registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of register agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) Address of Each General Partner (Do NOT Use Post Office Box Numbers) City, State and Zip Code 10a. Registration Document Numb CARDINAL COLLAN S.A. 1390 Brickll Ave., #200 Miami, Florida 33131 L000000016045		astillo B., P.A.	· · · · · · · · · · · · · · · · · · ·				ł		
Suite 200 City Milami State FL State S	Street Address (P.O. Bo	x Number is Not Acceptable)							
9. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this stateme for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE Address of Each General Partner (Do NOT Use Post Office Box Numbers) City, State and Zip Code 10a. Registration Document Numb CARDINAL COLLAN S.A. 1390 Brickll Ave., #200 Milgmi, Florida 33131 L00000016043		0							
for the purpose of changing list registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE Address of Each General Partner (Do NOT Use Post Office Box Numbers) City, State and Zip Code 10a. Registration Document Numb CARDINAL COLLAN S.A. 1390 Brickll Ave., #200 Miami, Florida 33131 L00000016043	•				<u> </u>				
Address of Each General Partner (Do NOT Use Post Office Box Numbers) City. State and Zip Code 10a. Registration Document Numbers CARDINAL COLLAN S.A. 1390 Brickli Ave., #200 Miami, Florida 33131 L00000016043	for the purpose of char agent. I am familiar with	nging its registered office or register h, and accept the obligations of sec	red agent, or both, in the Sta	te of Florida. Such change	nip organized or registered under the I was authorized by its general partner(s). I hereby acc	e of Florida, submits this statement cept the appointment of registered		
CARDINAL COLLAN S.A. 1390 Brickll Ave., #200 Miami, Florida 33131 L00000016043	SIGNATURE (Registered Ag	gent Accepting Appointment)				DATE			
CARDINAL COLLAN S.A. 1390 Brickll Ave., #200 Miami, Florida 33131 L00000016043	· · · · · · · · · · · · · · · · · · ·	y				• • • • • • • • • • • • • • • • • • •			
CARDINAL COLLAN S.A. 1390 Brickll Ave.,#200 Miami, Florida 33131 L00000016043	10. Name(s) o	War or War	Address of Eac (Do NOT Use Post		City, State and Zip Co	de	10a. Registration Document Number		
11/03/0301803W3U **20U.U0	CARDINAL	COLLAN S.A.	1390 Bricki	Il Ave.,#200]	33131	L00000016043		
THE THE Occus					0000 11/03/03	2434 01003	5610 30 **200.00		
						-03	cus loc		

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

SIGNATURE

DATE

DATE

10 - 2 7 - 03

Typed or Printed Name of General Partner Signing Form

Received

Assistant Security

Cardinal Collan, S. A.

Telephone Number

130 - 371-5140