

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

2002 DEC -6 PM 3:29

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011366

Name and Mailing Address

0001796 01 FP 0.352 \*\*PRSRT T6 0 0615 33129-240805



LOMAR II, L.L.C.

2333 BRICKELL AVE., UNIT 2805

MIAMI FL 33129-2408



<b>2. New Mailing Address</b>		<b>4. State/Country of Formation</b> FL	
City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/09/2001	
Principal Place of Business 2333 BRICKELL AVE., UNIT 2805 MIAMI FL 33129	<b>3. New Principal Place of Business Address</b>	<b>6. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	City, State, Zip	<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee required for a Certificate of Status</b>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
RODRIGUEZ, FERNANDO R 901 PONCE DE LEON BLVD., STE. 501 CORAL GABLES FL 33134	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

10. 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 *Frank R. Ford* Date 11/21/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	MARIO F. GAZTAMBE	BANCO POPULAR CENTER BUILDING 208 AVENIDA PONCE-DE-LEON#1426	SAN JUAN, PUERTO RICO

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12/06/02--01043--001 \*\*150.00

REINSTATEMENT 2002

12. 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 Mario F. 9 Date NOV 21 / 02 Daytime Phone (305) 858-0376