2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 28, 2004
Secretary of State

DOCUMENT# L01000015652

Entity Name: THIRTEEN FIFTEEN, L.L.C.

Current Principal Place of Business:

799 BRICKELL PLAZA SUITE 700
C/O ANTHONY VITALE
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

799 BRICKELL PLAZA SUITE 700
C/O ANTHONY VITALE
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1136969 **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:

VITALE, ANTHONY ESQ.
799 BRICKELL PLAZA SUITE 700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SUAREZ, MARIA
Address: 799 BRICKELL PLAZA SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: V ( ) Delete
Name: SUADEZ, PETER
Address: 799 BRICKELL PLAZA STE 900
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: SUADEZ, PETER
Address: 799 BRICKELL PLAZA STE 900
City-St-Zip: MIAMI, FL 33131

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: MARIA SUAREZ MGRM 10/28/2004

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