

2005 LIMITED LIABILITY COMPANY- REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 11 AM 10:05

DOCUMENT # L01000021381 1. Entity Name MACLEE QUARTERS (MIAMI), LLC					
Principal Place of Business 40304 FISHER ISLAND DRIVE, #40304 FISHER ISLAND, FL 33109			Mailing Address 40304 FISHER ISLAND DRIVE, #40304 FISHER ISLAND, FL 33109		
2. Principal Place of Business 429 LENOX AVE.		3. Mailing Address 429 LENOX AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL		4. FEI Number 56-2285888	
Zip 33139		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33139		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEAR, DAVID 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 04-05 City FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/8/05	
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, LEON <input checked="" type="checkbox"/> Delete 40304 FISHER ISLAND DRIVE, #40304 FISHER ISLAND, FL 33109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, LEON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 429 LENOX AVE MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				MANAGER 4/7/05 305 537 3700 <small>Date Daytime Phone</small>	