

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000015174

FILED
Jun 19, 2006
Secretary of State

Entity Name: AVENTURA EVERGREEN 3274-0602 LLC

Current Principal Place of Business:

2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 37-1434959 **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:

Name and Address of New Registered Agent:

GURIAN, JORGE
2100 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134 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: JORGE GURIAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MENDOZA, JOSE NICOLAS
Address: 2100 PONCE DE LEON BLVD., SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

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

Title: MGRM (X) Delete
Name: SENIOR, WILMA COROMOTO
Address: 2100 PONCE DE LEON BLVD., SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOSE NICOLAS MENDOZA

MGRM

06/19/2006

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