

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000023429

1. Entity Name
ES PROPERTIES, LLC



FILED

2004 NOV 29 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6850 CORAL WAY, SUITE 308
MIAMI, FL 33155
*7925 NW 12th St - #330
MIAMI, FL 33126*

Mailing Address
6850 CORAL WAY, SUITE 308
MIAMI, FL 33155
*7925 NW 12th St - #330
MIAMI, FL 33126*



2. Principal Place of Business		3. Mailing Address		11232004 REIN-LLC CR2E101 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 91-2186884	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ILEANA E. GARCIA, P.A. 80 SW 8 STREET, SUITE 2000 MIAMI, FL 33130		Name <i>PATRICIA M. BORDS</i> Street Address (P.O. Box Number is Not Acceptable) <i>7925 NW 12th St - #330</i> <i>MI</i> City <i>Miami</i> FL Zip Code <i>33126</i>	

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 *PATRICIA M. BORDS / MANAGER*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTUA, ALEJANDRO <input checked="" type="checkbox"/> Delete 6850 CORAL WAY, SUITE 308 MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORDS, PATRICIA 7911 SW 20 STREET MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIGLER, YAMILA <input checked="" type="checkbox"/> Delete 6450 COLLINS AVENUE, SUITE 1503 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOMINGUEZ, ALEJO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGRM 1400 E. PROMENADA WILLOWHART, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400043047274 11/29/04--01070--005 **150.00 <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

REINSTATEMENT 04

11. 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: *[Signature]* 11/24/04 (305) 418-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #