## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

## **DOCUMENT # L02000024356** 1. Entity Name PEMBROKE ROAD PROPERTIES, LLC Mailing Address Principal Place of Business 3250 CORPORATE WAY C/O 2200 N. COMMERCE PARKWAY MIRAMAR, FL 33025 SUITE 202 WESTON, FL 33326 2. Principal Place of Business 340 S V S Hw 3. Mailing Address 340 S Suite, Apt. #, etc. Suite, Apt. #, etc. 10192005 REIN-LLC CR2E101 (6/04) 501 501 City & State Sup. 7 2 1 City & State 4. FEI Number Applied For ゴンpiでるVR 59-2291970 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRANDE FELUREN, MARK S 2200 N. COMMERCE PARKWAY STE. 202 WESTON, FL 33326 CO1 Zin Code 33477 PITER 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 (NOTE: Registered Agent signature required when reins In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$50.00 Florida Department of State After January 1, 2006, Fee will be \$100.00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM TITLE TITLE Change Addition RICHARD MIRANDE MIRANDE, RICHARD NAME NAME 340 S US Hwy 1 STREET ADDRESS 3250 CORPORATE WAY STREET ADDRESS 33477 MIRAMAR, FL 33025 CITY-ST-ZIP UDITER CITY - ST - ZIP Delete ☐ Addition TITI F TITLE FERNANDES, CHARLES NAME NAME 3250 CORPORATE WAY STREET ADDRESS STREET ADDRESS MIRAMAR, FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 3000619149999 0 12/05/05-01063-011 \*\*50.00 TITLE ☐ Delete ΠŁΕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete THEMSTATEMENT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

KICHARY MIRANDE

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/1/05 954-600-7464