

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000025711

FILED
Oct 18, 2005
Secretary of State

Entity Name: CROSSWINDSHALLANDALE,LLC

Current Principal Place of Business:

2080 SOUTH OCEAN DRIVE, SUITE 912
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

2080 SOUTH OCEAN DRIVE, SUITE 912
HALLANDALE, FL 33009 US

New Mailing Address:

C/O KIM & LOWMAN, LLP
10800 BISCAYNE BLVD, SUITE 725
MIAMI, FL 33161 US

FEI Number: 76-0720111 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

TIETOLMAN, MICHAEL
2080 SOUTH OCEAN DRIVE, SUITE 912
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

LOWMAN, MARCI ESQ.
KIM & LOWMAN, LLP
10800 BISCAYNE BLVD, SUITE 725
MIAMI, FL 33161 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: MARCI LOWMAN, ESQ.

10/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TIETOLMAN, SUSIE
Address: 22 FINCH STREET
City-St-Zip: DOLLARD DES ORMEAUX, QUE, CAN,

ADDITIONS/CHANGES:

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 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: SUSAN TIETOLMAN, MANAGER

MS.

10/18/2005

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