

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000027409

FILED
Oct 20, 2004
Secretary of State

Entity Name: PREMIER FLORIDA PROPERTIES, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., STE. 330
CORAL GABLES, FL 33134

New Principal Place of Business:

1101 BRICKELL AVENUE
703 N
MIAMI, FL 33131

Current Mailing Address:

2121 PONCE DE LEON BLVD., STE. 330
CORAL GABLES, FL 33134

New Mailing Address:

1101 BRICKELL AVENUE
703 N
MIAMI, FL 33131

FEI Number: 14-1854649 **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:

ORTIZ, MICHAEL ESQ
2121 PONCE DE LEON BLVD., STE. 330
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ORTIZ, MICHAEL ESQ
2121 PONCE DE LEON BLVD.
STE. 330
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: MICHAEL ORTIZ

10/20/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PANIZA, GUILLERMO
Address: 2121 PONCE DE LEON BLVD STE 330
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BADIN, CARLOS
Address: 1101 BRICKELL AVENUE, STE. 703 N
City-St-Zip: MIAMI, FL 33131

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: CARLOS BADIN

MGRM

10/20/2004

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