

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000031177

Entity Name: SOBAY PARTNERS LLC

FILED  
Jan 12, 2009  
Secretary of State

**Current Principal Place of Business:**

3110 NE 2ND AVENUE  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

3110 NE 2ND AVENUE  
MIAMI, FL 33137

**New Mailing Address:**

417 5TH AVE  
9TH FLOOR  
NEW YORK, NY 10016

FEI Number: 81-0588367      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:**

MICHAEL, SAMUEL  
3110 NE 2ND AVENUE  
1221 BRICKELL AVENUE, SUITE 2100  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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: JOE CAYRE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CAYRE, JOE  
Address: 417 FIFTH AVENUE, 9TH FLOOR  
City-St-Zip: NEW YORK, NY 10016

Title: MGR ( ) Delete  
Name: SAMUEL, MICHAEL  
Address: 3110 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOE CAYRE

MBR

01/12/2009

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