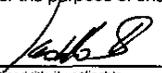


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000003632			
1. Entity Name CALLE OCHO, LLC			
Principal Place of Business 455 SOUTHWEST 8TH STREET MIAMI, FL 33130		Mailing Address 455 SOUTHWEST 8TH STREET MIAMI, FL 33130	
2. Principal Place of Business 601 Brickell Key Drive Suite, Apt. #, etc. Suite 604 City & State Miami, Florida Zip 33131		3. Mailing Address 601 Brickell Key Drive Suite, Apt. #, etc. Suite 604 City & State Miami, Florida Zip 33131	
Country US		Country US	
6. Name and Address of Current Registered Agent VARELA, KAREN L 501 BRICKELL KEY DR. 504 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Alvaro Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue, Suite 200 City Miami FL Zip Code 33131	
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 		SIGNATURE <u>Alvaro Castillo</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <u>10-15-04</u>		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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
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: 		Date <u>10-15-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Managing Member		Daytime Phone # <u>(305) 371-5540</u>	

FILED

04 OCT 18 AM 11:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

BK



10152004 REIN-LLC CR2E101 (6/04)

4. FEI Number 71-0934003 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

REINSTATEMENT 2004

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