

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000004498

Entity Name: EASTSIDE LOFTS, LLC

FILED
Oct 10, 2007
Secretary of State

Current Principal Place of Business:

12515 N. KENDALL DRIVE
SUITE 210
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12515 N. KENDALL DRIVE
210
MIAMI, FL 33186

New Mailing Address:

8844 SW 177 TER
MIAMI, FL 33157

FEI Number: 20-0009873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMMINS, JEFFREY DREW
12515 N. KENDALL DRIVE
210
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

MATHURIN, DOLEY
8844 SW 177 TER
MIAMI, FL 33157 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: DOLEY MATHURIN

10/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CUMMINS, JEFFREY DREW
Address: 12515 N. KENDALL DRIVE, SUITE 210
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Delete
Name: MATHURIN, DOLEY
Address: 8844 SW 177 TERRACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: MATHURIN, DOLEY
Address: 8844 SW 177 TERRACE
City-St-Zip: MIAMI, FL 33157

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: DOLEY MATHURIN

MGMR

10/10/2007

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