2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 23, 2007
Secretary of State

DOCUMENT# L03000006394

Entity Name: PONCE RIVIERA LLC

Current Principal Place of Business:

2824 PALM BEACH BLVD.
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2824 PALM BEACH BLVD.
FORT MYERS, FL 33916

New Mailing Address:

500 S. DIXIE HWY
SUITE 307
CORAL GABLES, FL 33146

FEI Number: 16-1657797 **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:

MCBRIDE, GERALD ESQ
2824 PALM BEACH BLVD.
FORT MYERS, FL 33916 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: GERALD MCBRIDE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCBRIDE, BRIAN
Address: 2824 PALM BEACH BLVD
City-St-Zip: FORT MYERS, FL 33916

Title: MGRM ( ) Delete
Name: WHITE, HAROLD D
Address: 1390 S DIXIE HWY #2123
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: WHITE, HAROLD D
Address: 500 S DIXIE HWY. SUITE 307
City-St-Zip: CORAL GABLES, FL 33146

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: HAROLD D WHITE MGRM 10/23/2007

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