2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000006716

Entity Name: BF AT 836 PONCE, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2901 SW 8 STREET, SUITE 204 MIAMI, FL 33135	2159 CORAL WAY SUITE B MIAMI, FL 33145

Current Mailing Address:	**New Mailing Address:**
2901 SW 8 STREET, SUITE 204 MIAMI, FL 33135	2159 CORAL WAY SUITE B MIAMI, FL 33145

FEI Number: 59-3767645   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:	**Name and Address of New Registered Agent:**
MARTIN, PEDRO A ESQ GREENBERG TRAURIG, P.A. 1221 BRICKELL AVENUE, SUITE 2100 MIAMI, FL 33131 US	BOSCHETTI, JOSE R 2159 CORAL WAY SUITE B MIAMI, FL 33145 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: JOSE R. BOSCHETTI   12/08/2004
                 Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	BOSCHETTI, JOSE R	Name:	BOSCHETTI, JOSE R
Address:	2901 SW 8 STREET, SUITE 204	Address:	2159 CORAL WAY, SUITE B
City-St-Zip:	MIAMI, FL 33135	City-St-Zip:	MIAMI, FL 33145

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: JOSE R. BOSCHETTI   MGR   12/08/2004
                 Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date