

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000007457

Entity Name: MIAMI CITY VIEWS, LLC

FILED
Oct 04, 2006
Secretary of State

Current Principal Place of Business:

1110 BRICKELL AVENUE, SUITE 504
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O ALVAREZ, ELJAEK & RODRIGUEZ, P.L.
2601 SOUTH BAYSHORE DRIVE #600
COCONUT GROVE, FL 33133 US

New Mailing Address:

C/O ALVAREZ, ELJAEK & RODRIGUEZ, P.L.
2601 SOUTH BAYSHORE DRIVE #700
COCONUT GROVE, FL 33133 US

FEI Number: 06-1690249 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:

ALVAREZ, ELJAEK & RODRIGUEZ, P.L.
2601 SOUTH BAYSHORE DRIVE
SUITE 600
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

ALVAREZ, ELJAEK & RODRIGUEZ, P.L.
2601 SOUTH BAYSHORE DRIVE
SUITE 700
COCONUT GROVE, FL 33133 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: SANTIAGO ELJAEK III, MGR

10/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THORNE, ROBERT F
Address: 1110 BRICKELL AVENUE, SUITE 504
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT F. THORNE

MGR

10/04/2006

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