2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 22, 2004
Secretary of State

DOCUMENT# L03000008409

Entity Name: KEYSTONE FLORIDA DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

12000 BISCAYNE BOULEVARD, SUITE 801
MIAMI, FL 33181

New Principal Place of Business:

17701 BISCAYNE BLVD.,
SUITE 201
AVENTURA, FL 33160

Current Mailing Address:

12000 BISCAYNE BOULEVARD, SUITE 801
MIAMI, FL 33181

New Mailing Address:

17701 BISCAYNE BLVD.,
SUITE 201
AVENTURA, FL 33160

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

DUBIN, JOSHUA L P.A.
12000 BISCAYNE BOULEVARD, PH 810
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

DUBIN, JOSHUA L P.A.
17701 BISCAYNE BLVD.,
SUITE 201
AVENTURA, FL 33160 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: JOSHUA L. DUBIN, PRESIDENT 12/22/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: JAY, SCHWARTZ
Address: C/O 17701 BISCAYNE BLVD., SUITE 201
City-St-Zip: AVENTURA, FL 33160

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: JOSHUA L. DUBIN, PRESIDENT ATTY 12/22/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date