2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L		FILED						
1. Entity Name CAPITAL PARTNERS	, LLC			200	5 AUG 22	PM 3: 36		
Principal Place of Business 6641 NW 82ND AVENUE MIAMI, FL 33166 US		Mailing Address 6641 NW 82ND AVENUE MIAMI, FL 33166 US		DIVI TAI	ION OF CO LLAHASSE	RPORATION E, FLORIDA	5	
2. Principal Place of Business 101 NE Third AVE		3. Mailing Address 101 NE Third AVE.						
Suite, Apt. #, etc. SuiTE 1800		Suite, Apt. #, etc. \$\(\sigma \) 1500		08172005 REIN	I-LLC	CR2E101 (6/04)		
City & State FT. LACIDER DALE		City & State FT. LAGUER DALE		4. FEI Number	Number 41 - 2090524 Applied For Not Applicable			
Zip Co	ountry	Zip 2330/-1/8/	Country USA	5. Certificate of Statu		= \$5.00 Add	litional	
33301-1181 U	Address of Current R		434	7. Name and Addres	s of New Regis	Fee Require	<u> </u>	
LINDSAY, DELROY 6641 NW 82ND AVE MIAMI, FL 33166			Name LINDSAY DELROY Street Address (P.O. Box Number is Not Acceptable) 101 NE TAIRD ALE, SUITE 1500					
·								
			City F	1-1. LAGIOCIL DALE TL 23301-1181				
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and fulle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signysture, typed or prints	ed name of registered agent an	pritte d applicable. (NOTE: R	legistered Agent signature requ	red when reinstating)		DATE		
FILE NOWIII FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S., t liability company did not receive the prior n				ne limited stice.		eck payable to partment of State	•	
9. MANAGING MEMBERS/MANAGERS			40		DDITIONS (OL)	11055		
			10.	<u>P</u>	DDITIONS/CHA		- <u>-</u>	
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