

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 AUG 22 PM 3:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



08172005 REIN-LLC CR2E101 (6/04)

DOCUMENT # L03000011692 1. Entity Name CAPITAL PARTNERS, LLC																							
Principal Place of Business 6641 NW 82ND AVENUE MIAMI, FL 33166 US			Mailing Address 6641 NW 82ND AVENUE MIAMI, FL 33166 US																				
2. Principal Place of Business 101 NE Third Ave Suite, Apt. #, etc. SUITE 1500		3. Mailing Address 101 NE Third Ave. Suite, Apt. #, etc. SUITE 1500																					
City & State FT. LAUDERDALE Zip 33301-1181		City & State FT. LAUDERDALE Zip 33301-1181		4. FEI Number 41-2090524																			
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent LINDSAY, DELROY 6641 NW 82ND AVE MIAMI, FL 33166			7. Name and Address of New Registered Agent Name LINDSAY, DELROY Street Address (P.O. Box Number is Not Acceptable) 101 NE Third Ave, Suite 1500 City FT. LAUDERDALE FL Zip Code 33301-1181																				
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 8/16/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE MEMBER</td> <td style="width: 40%;">NAME LINDSAY, DELROY</td> <td style="width: 30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 NE Third Ave, Suite 1500</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT. LAUDERDALE FL 33301-1181</td> <td></td> </tr> </table>			TITLE MEMBER	NAME LINDSAY, DELROY	Delete <input type="checkbox"/>	STREET ADDRESS	101 NE Third Ave, Suite 1500		CITY - ST - ZIP	FT. LAUDERDALE FL 33301-1181		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700059175657</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>08/31/05--01028--015</td> <td>*\$100.00</td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	700059175657		CITY - ST - ZIP	08/31/05--01028--015	*\$100.00
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/16/05

Date

Daytime Phone #

(AGENT) DELROY LINDSAY