

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000013312

**FILED**  
**Sep 19, 2005**  
**Secretary of State**

**Entity Name:** ELITE PROPERTY HOLDINGS LLC

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD., STE. 600  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2100 PONCE DE LEON BLVD., STE. 600  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 32-0071056      **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:**

GURIAN, JORGE  
2100 PONCE DE LEON BLVD., STE. 600  
CORAL GABLES, FL 33134      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:** JORGE GUIRIAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** CORUJO, RODOLFO  
**Address:** 2100 PONCE DE LEON BLVD., STE. 600  
**City-St-Zip:** CORAL GABLES, FL 33134

**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 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:** RODOLFO CORUJO

MGRM

09/19/2005

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