

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000018478

1. Entity Name
PENINSULA 401, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 9:26

Principal Place of Business
TURNBERRY PLAZA, STE. 801
2875 NE 191ST STREET
AVENTURA, FL 33180

Mailing Address
TURNBERRY PLAZA, STE. 801
2875 NE 191ST STREET
AVENTURA, FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number
20-2597739

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEALCATCH, MATTHEW B ESQ
TURNBERRY PLAZA, STE. 801
2875 NE 191ST STREET
AVENTURA, FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM ☐ Change ☒ Addition
BAP-GGM PREMIERE TOWERS, LLC
2875 NE 191 Street, #801
Aventura, Florida

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM ☐ Change ☒ Addition
MIDDLEGATE PREMIERE, LLC
2875 NE 191 Street, #801
Aventura, Florida 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
400050509804
04/12/05--01006--010 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

3/31/05

Date

(305) 832-6267

Daytime Phone #