

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000027119

FILED
Sep 18, 2006
Secretary of State

Entity Name: NORTHSTAR FINANCIAL, LLC

Current Principal Place of Business:

200 S.E. FIRST STREET
SUITE 705
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O MARTIN B. KOFSKY, ESQ.
200 S.E. FIRST STREET SUITE 705
MIAMI, FL 33131

New Mailing Address:

FEI Number: 80-0071057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOFSKY, MARTIN ESQ.
200 S.E. FIRST STREET
SUITE 705
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: MARTIN KOFSKY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: A KOFSKY CO., INC.,
Address: 200 S.E. FIRST STREET SUITE 705
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: R. HAWLEY CO.,
Address: 200 S.E. FIRST STREET SUITE 705
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: KOFSKY, MARTIN B VP
Address: 200 S.E. FIRST STREET SUITE 705
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: A KOFSKY COMPANY

MGRM

09/18/2006

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