

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000027483

1. Entity Name
J26, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -2 AM 8:34

Principal Place of Business
2601 SOUTH BAYSHORE DRIVE, 10TH FLOOR
MIAMI, FL 33133

Mailing Address
2601 SOUTH BAYSHORE DRIVE, 10TH FLOOR
MIAMI, FL 33133

000055592570
06/01/05--01080--001 **200.00

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number

611458714

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

SERBER, DANIEL J
2875 N.E. 191ST STREET, SUITE 801
TURNBERRY PLAZA
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.

DANIEL J. SERBER

5/26/05

(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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGRM
BAP BAY LOFTS, LLC
2601 SOUTH BAYSHORE DR. - 10TH FLOOR
MIAMI FL. 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGRM
GGM DEVELOPERS, LLC
2875 NE 191 ST. SUITE 801 A
AVENTURA FL. 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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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

Willy A. Berghel

Willy A. Berghel

Date

Daytime Phone #

4/11/05

305-860-3704