

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 05, 2006 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # L03000034187</b> 1. Entity Name <b>KEMPER MANAGEMENT, L.L.C.</b>			
Principal Place of Business <b>7700 S.W. 129TH STREET MIAMI, FL 33156</b>		Mailing Address <b>7700 S.W. 129TH STREET MIAMI, FL 33156</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>7800 SW 57<sup>th</sup> AVE</b> Suite, Apt. #, etc. <b>SUITE 222</b> City & State <b>SOUTH MIAMI, FL</b> Zip      Country <b>33143      MIAMI-DADE</b>	
		10032006    REIN-LLC      CR2E101 (11/05)	
		4. FEI Number <b>20-0234755</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>KEMPER, ROBERT N 7700 S.W. 129TH STREET MIAMI, FL 33156</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Robert N. Kemper</i></u> DATE <u>10/3/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM KEMPER, ROBERT N 7700 S.W. 129TH STREET MIAMI, FL 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800080581928</b> <b>10/09/06--01004--011    **50.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.			
<b>SIGNATURE: <u><i>Robert N. Kemper</i></u>    ROBERT N. KEMPER</b>		Date <u>10/3/06</u> Daytime Phone # <u>3056624488</u>	