

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 APR 12 P 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012005 REIN-LLC CR2E101 (6/04)

DOCUMENT # L03000042078 1. Entity Name L & D INVESTORS, LLC					
Principal Place of Business 1313 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134			Mailing Address 1313 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134		
2. Principal Place of Business 9742 S.W. 56 Terrace Suite, Apt. #, etc.		3. Mailing Address 9742 S.W. 56 Terrace Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip 33173	Country USA	Zip 33173	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ-GALARRAGA, JORGE <input checked="" type="checkbox"/> Delete 1313 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACHIN, LEON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9742 S.W. 56 TERRACE MIAMI, FLORIDA 33173	
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 300054223213 05/10/05--01080--003 **100.00	
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	
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 REINSTATEMENT 04-05 <i>dec</i>	
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	
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 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: <u>Leon F. Machin</u> 4/1/05 <u>(305) 445-5351</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					
LEON MACHIN, MANAGING MEMBER					