
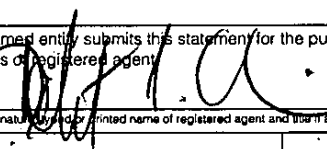
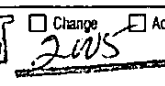
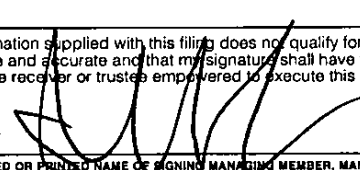


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:48

|   |                          |                                 |  |  |  |
|---|--------------------------|---------------------------------|--|--|--|
| <b>DOCUMENT # L03000044253</b><br>1. Entity Name<br><b>CASA VICENTE, L.L.C.</b>   |                          |                                 |  |                           |  |
| Principal Place of Business<br><b>C/O DAVID T. LEYRER<br/>7652 FISHER ISLAND DRIVE<br/>FISHER ISLAND, FL 33109</b>  |                          |                                 | Mailing Address<br><b>C/O DAVID T. LEYRER<br/>7652 FISHER ISLAND DRIVE<br/>FISHER ISLAND, FL 33109</b> |  |  |
| 2. Principal Place of Business  |                          | 3. Mailing Address              |  |  |  |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc.             |  |  |  |
| City & State  |                          | City & State                    |  |  |  |
| Zip   |                          | Country                         |  | Zip  |  |
| Country   |                          | Country                         |  |  |  |
| 4. FEI Number<br><b>APPLIED FOR 71-0955612</b>  |                          |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                          |                                 |  | \$5.00 Additional<br>Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |                          |                                 | 7. Name and Address of New Registered Agent  |  |  |
| <b>KLINE, ROBERT L<br/>2665 SOUTH BAYSHORE DRIVE, SUITE 903<br/>COCONUT GROVE, FL 33133</b>   |                          |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 <b>10/24/05</b>  |                          |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After January 1, 2006, Fee will be \$200.00</b>  |                          |                                 |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS/MANAGERS  |                          |                                 | 10. ADDITIONS/CHANGES  |  |  |
| TITLE   | MGRM                     | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | LEYRER, DAVID T          |                                 | NAME   | <b>800060920378</b>  |  |
| STREET ADDRESS  | 7652 FISHER ISLAND DRIVE |                                 | STREET ADDRESS   | <b>10/25/05--01049--005 **150.00</b>   |  |
| CITY-ST-ZIP   | FISHER ISLAND, FL 33109  |                                 | CITY-ST-ZIP  | <b>REINSTATEMENT</b>  |  |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                          |                                 | NAME   |  |  |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP  |  |  |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                          |                                 | NAME   |  |  |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP  |  |  |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                          |                                 | NAME   |  |  |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP  |  |  |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                          |                                 | NAME   |  |  |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP  |  |  |
| 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:   |                          |                                 | 10-19-05<br>Date   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                          |                                 | Daytime Phone #  |  |  |