

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000051990

Entity Name: 11820 DIXIE, L.L.C.

FILED
Sep 12, 2005
Secretary of State

Current Principal Place of Business:

11820 W. DIXIE HWY.
N. MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

11820 W. DIXIE HWY.
N. MIAMI BEACH, FL 33160

New Mailing Address:

P.O BOX 2223
MIAMI BEACH, FL 33140

FEI Number: 20-0465466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AMSALEM, FRANK ESQ
777 ARTHUR GODFREY ROAD, 2ND FL
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

GREEN, ADRIAN N
430W 43RD STREET
MIAMI BEACH, FL 33140 US

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: ADRIAN GREEN

09/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARROUKH, YVES
Address: 5696 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR () Delete
Name: GREEN, ADRIAN
Address: 3120 PINETREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: ADRIAN GREEN

MGR

09/12/2005

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