


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000056158		
1. Entity Name LUXURIOUS SUITES, L.L.C.		

Principal Place of Business 6800 SW 40TH ST, UNIT 321 MIAMI, FL 33155	Mailing Address 6800 SW 40TH ST, UNIT 321 MIAMI, FL 33155
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2. Principal Place of Business	3. Mailing Address 2121 PONCE DE LEON BLVD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 240
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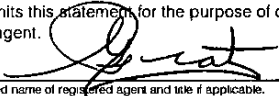
City & State	City & State CORAL GABLES, FLORIDA
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Zip	Country	Zip	Country
		33134	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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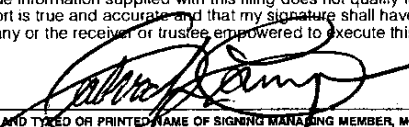
ARAZOZA & FERNANDEZ-FRAGA, P.A. 2100 SALZEDO ST, STE 300 CORAL GABLES, FL 33134	
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Name PRATS, GABRIEL	
Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD.	
SUITE 240	
City CORAL GABLES	FL Zip Code 33134

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 	DATE 3-14-2005

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPOS, SALVADOR 6800 SW 40TH ST, UNIT 321 MIAMI, FL 33155 <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
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
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: 	DATE: 3-14-05 DAYTIME PHONE: 305-444-8333

FILED
2005 APR 19 PM 4:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



03112005 REIN-LLC CR2E101 (6/04)

4. FEI Number 200771801	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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REINSTATEMENT 2004-05