## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000004390

Entity Name: COCONUT GROVE PLAYHOUSE, LLC

FILED Apr 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3500 MAIN HWY MIAMI, FL 33133

**Current Mailing Address: New Mailing Address:** 

3500 MAIN HWY MIAMI, FL 33133

FEI Number: 59-6152238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

INTRASTATE REGISTERED AGENT CORP 701 BRICKELL AVE, STE 3000

MIAMI, FL 33131

BSPA CORPORATE SERVICES, INC. 350 E LAS OLAS BLVD SUITE 1000 FT. LAUDERDALE, FL 33301 US

(X) Change ( ) Addition

ADDITIONS/CHANGES:

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: JAMES L. BERGER, PRESIDENT 04/20/2007

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

Title: () Delete

SPIVACK, SHELLY SPIVACK, SHELLY Name: Name: 8400 NW 33RD ST Address: 834 JOHNSON STREET Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip: HOLLYWOOD, FL 33019

Title: PC ( ) Delete Title: (X) Change ( ) Addition LESS, MITCHELL Name: MARQUEZ, EMILY Name:

Address: 2700 S COMMERCE PKWY Address: 9513 S.W. 118 PLACE City-St-Zip: WESTON, FL 33331 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: (X) Change ( ) Addition MARTENSTEIN, LYNN Name: POST, VINCE Name:

1050 CARIBEN WAY 150 ALAHAMBRA CIRCLE - PENTHOUSE Address: Address:

City-St-Zip: MIAMI, FL 33132 City-St-Zip: CORAL GABLES, FL 33134

Title: VC ( ) Delete Title: (X) Change ( ) Addition Name: ESSERMAN, CHARLENE Name: GONZALEZ-LEVY, SANDRA 3303 DE VON RD Address: Address: 2601 S. BAYSHORE DRIVE

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133

Title: (X) Delete Title: () Change () Addition CHAVIES, JUDGE MICHAEL Name: Name:

73 WEST FLAGLER ST Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

POLHAM, JAY Name: Name: Address: 255 ALHAMBRA CIR Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SANDRA GONZALEZ-LEVY 04/20/2007