2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 11, 2005
Secretary of State

DOCUMENT# L04000007785

Entity Name: SHELBORNE CANAL CO. II, LLC

Current Principal Place of Business:

10755 S.W. 190 STREET
MIAMI, FL 33157

New Principal Place of Business:

10755 S.W. 190 STREET
UNIT 46
MIAMI, FL 331577628

Current Mailing Address:

10755 S.W. 190 STREET
MIAMI, FL 33157

New Mailing Address:

10755 S.W. 190 STREET
UNIT 46
MIAMI, FL 331577628

FEI Number: 20-2178997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEMET, BARRY N ESQ
100 S.E. 2ND ST, 17TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SEMET, BARRY N ESQ
1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131 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: BARRY N. SEMET 10/11/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: ASKOWITZ, GERALD
Address: 10755 SW 190 STREET UNIT 46
City-St-Zip: MIAMI, FL 331577628

Title: MGRM ( ) Change (X) Addition
Name: ASKOWITZ, ANTHONY
Address: 10755 SW 190 STREET UNIT 46
City-St-Zip: MIAMI, FL 331577628

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: GERALD ASKOWITZ MGRM 10/11/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date