

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000020272

Entity Name: MYLA REALTY, LLC

**FILED**  
**Oct 17, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

C/O KIVILCIM HOLDINGS, L.P.  
436 ALAMANDA DRIVE  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KIVILCIM HOLDINGS, L.P.  
436 ALAMANDA DRIVE  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 20-0872603      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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

BSPA CORPORATE SERVICES, INC.  
350 EAST LAS OLAS BOULEVARD  
SUITE 1000  
FORT LAUDERDALE, FL 33301 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: JAMES L. BERGER

10/17/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KIVILCIM HOLDINGS, L., .P.  
Address: 436 ALAMANDA DRIVE  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES:**

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: GUVEN KIVILCIM

MGRM

10/17/2005

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