

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 AM 9:02

DOCUMENT # L04000021742 1. Entity Name MB WAMU VISTA, LLC											
Principal Place of Business 1096 EAST NEWPORT CENTER DRIVE, #100 DEERFIELD BEACH, FL 33442		Mailing Address 1096 EAST NEWPORT CENTER DRIVE, #100 DEERFIELD BEACH, FL 33442									
2. Principal Place of Business 6820 Lyons Tech Cir. Suite, Apt. #, etc. #100 City & State Coconut Creek, FL Zip 33073 Country USA		3. Mailing Address 6820 Lyons Tech Cir. Suite, Apt. #, etc. #100 City & State Coconut Creek, FL Zip 33073 Country USA									
4. FEI Number APPLIED FOR 20-0971980		Applied For <input checked="" type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		10162006 REIN-LLC CR2E101 (11/05)									
6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 1096 E NEWPORT CENTER DR, # 100 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Malcolm Butters Street Address (P.O. Box Number is Not Acceptable) 6820 Lyons Tech Cir. #100 City Coconut Creek FL Zip Code									
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 Malcolm Butters 10-16-06 <small>Signature, typed or printed name of registered agent, whichever is applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.									
Make check payable to Florida Department of State											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGR BUTTERS, MALCOLM 1096 E NEWPORT CENTER DR, # 100 DEERFIELD BEACH, FL 33442 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTTERS, MALCOLM 1096 E NEWPORT CENTER DR, # 100 DEERFIELD BEACH, FL 33442		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGR Malcolm Butters 6820 Lyons Tech Cir. #100 Coconut Creek, FL 33073 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Malcolm Butters 6820 Lyons Tech Cir. #100 Coconut Creek, FL 33073		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10-16-06									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 954-570-8111									