



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 16 AM 9:40

<b>DOCUMENT # L04000022932</b> 1. Entity Name <b>BOCAGRAN616 HOLDINGS, LLC</b>					
Principal Place of Business <b>6303 NW 42ND TERRACE COCONUT CREEK, FL 33073</b>			Mailing Address <b>6303 NW 42ND TERRACE COCONUT CREEK, FL 33073</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		05112006 REIN-LLC CR2E101 (11/05)	
Zip Country		Zip Country		4. FEI Number <b>20-0954037</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CLEMENTE, OLGA 6303 NW 42ND TERRACE COCONUT CREEK, FL 33073</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$200.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEMENTE, OLGA 6303 NW 42ND TERRACE COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500076500835 06/22/06--01040--015 ***200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, LEONEL 6303 NW 42ND TERRACE COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	05-06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, LEONEL 6303 NW 42ND TERRACE COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	05-06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, LEONEL 6303 NW 42ND TERRACE COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	05-06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, LEONEL 6303 NW 42ND TERRACE COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	05-06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, LEONEL 6303 NW 42ND TERRACE COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	05-06	
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: <u>Revel J. G. M.</u>			6/13/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		