2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000022935

1. Entity Name
BOCAGRANDPH16 HOLDINGS, LLC

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

05112006 REIN-LLC CR2E101 (11/05)

Principal Place of Business	Mailing Address
16306 NW 24TH STREET PEMBROKE PINES, FL 33028	16306 NW 24TH STREET PEMBROKE PINES, FL 33028

2. Principal Place of Business	3. Mailing Address
901 BRICKELL KEY DR	901 BRICKELL KEY DR
Suite, Apt. #, etc.: 2302	Suite, Apt. #, etc.: 2302
City & State: MIAMI, FL	City & State: MIAMI, FL.
Zip: 33131 / Country: USA	Zip: 33131 / Country: USA

4. FEI Number: 20-0949701 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARROETA, INES ~~16306 NW 24TH STREET~~ ~~PEMBROKE PINES, FL 33028~~ 901 BRICKELL KEY DR #2302 MIAMI, FL. 33131	Name Street Address (P.O. Box Number is Not Acceptable) City: 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARROETA, INES 16306 NW 24TH STREET PEMBROKE PINES, FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 901 BRICKELL KEY DR #2302 MIAMI, FL. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CECILIA GAYE, MARIA 16306 NW 24TH STREET PEMBROKE PINES, FL 33028 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100075500791 06/22/06--01040--013 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 05-06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X Ines Barroeta R. 6/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #