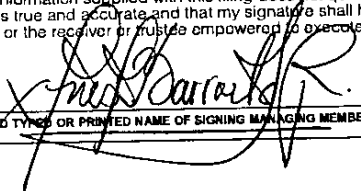


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 AM 9:40

DOCUMENT # L04000022935 1. Entity Name BOCAGRANDPH16 HOLDINGS, LLC					
Principal Place of Business 16306 NW 24TH STREET PEMBROKE PINES, FL 33028			Mailing Address 16306 NW 24TH STREET PEMBROKE PINES, FL 33028		
2. Principal Place of Business 901 BRICKELL KEY DR Suite, Apt. #, etc. 2302 City & State MIAMI, FL Zip 33131 Country USA		3. Mailing Address 901 BRICKELL KEY DR Suite, Apt. #, etc. 2302 City & State MIAMI, FL Zip 33131 Country USA		05112006 REIN-LLC CR2E101 (11/05) 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 BARROETA, INES 16306 NW 24TH STREET PEMBROKE PINES, FL 33028 901 BRICKELL KEY DR # 2302 MIAMI, FL 33131	
7. Name and Address of New Registered Agent 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 _____ (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	901 BRICKELL KEY DR # 2302 MIAMI, FL 33131 ☒ Change ☐ Addition		
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	100076500791 06/22/06--01040--012 **200.00 ☐ 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06 ☐ Change ☒ Addition		
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: 			Date: 6/13/06 Daytime Phone #		