

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000028517

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: PROPERTY ONE ASSETS LLC

**Current Principal Place of Business:**

3475 WEST FLAGLER STREET  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

3475 WEST FLAGLER STREET  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 27-0088802      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:**

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

SCHLAFKE, MARIA D  
3475 WEST FLAGLER STREET  
MIAMI, FL 33135      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: MARIA D SCHLAFKE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHLAFKE, MARIA  
Address: 3475 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

Title: MGRM (X) Delete  
Name: SCHLAFKE, WILLIAM  
Address: 3475 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: MARIA D SCHLAFKE

MGRM

01/20/2006

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