

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000031809

FILED  
Oct 14, 2009  
Secretary of State

Entity Name: SANTA BARBARA PLACE, LLC

**Current Principal Place of Business:**

1400 E. OAKLAND PARK BLVD  
SUITE 111  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

1400 E. OAKLAND PARK BLVD  
SUITE 111  
OAKLAND PARK, FL 33334

**New Mailing Address:**

FEI Number: 20-1740952      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:**

KOPLowitz, DAVID  
1400 E. OAKLAND PARK BLVD  
SUITE 111  
OAKLAND PARK, FL 33334 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: DAVID KOPLowitz

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: KOPLowitz, DAVID  
Address: 1400 E. OAKLAND PARK BLVD, STE 111  
City-St-Zip: OAKLAND PARK, FL 33334

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

Title: MGRM ( ) Delete  
Name: LEWIN, ISRAEL  
Address: 1400 E. OAKLAND PARK BLVD, STE 111  
City-St-Zip: OAKLAND PARK, FL 33334

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

Title: MGRM ( ) Delete  
Name: KOPLowitz, JOE  
Address: 1400 E. OAKLAND PARK BLVD, STE 111  
City-St-Zip: OAKLAND PARK, FL 33334

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID KOPLowitz

MGR

10/14/2009

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