

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000033669

**FILED**  
**Oct 21, 2005**  
**Secretary of State**

**Entity Name:** AVATAR REAL ESTATE SERVICES OF KEY BISCAYNE, LLC

**Current Principal Place of Business:**

260 CRANDON BOULEVARD, STE. 12  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

260 CRANDON BOULEVARD  
STE. 12  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

260 CRANDON BOULEVARD, STE. 12  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

260 CRANDON BOULEVARD  
STE. 12  
KEY BISCAYNE, FL 33149

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

DIMOND, VIVIAN  
260 CRANDON BOULEVARD, STE. 12  
KEY BISCAYNE, FL 33149 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: VIVIAN Z DIMOND

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: MG ( ) Change (X) Addition  
Name: MARINELLI, MIKAEL MG  
Address: 1500 SAN REMO AVENUE #350  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MYKAEL MARINELLI

MG

10/21/2005

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