## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000035923  1. PROVISION OF CORPORATIONS  OS HAY 19 AH 10: 40  Principal Place of Business  Mailing Address  SS24 ETAN COURT  BOCA RATOR, FL 33466  SOB RATOR, FL 33466  SUIT TO 90  Outly \$388  L8 B5 1. NE 29th AVENUE  SUIT P 90  Outly \$388  Country  33 18 0  OU. S. A. S. Common and Address of Business of Current Registered Agent  ROUSD, MARK E ESQ  1865 IN.E. 29th AVENUE  8. Name and Address of Current Registered Agent  ROUSD, MARK E ESQ  1865 IN.E. 29th AVENUE  18. The above remainded with summarine statement for the gardeness of charging its registered algent, to both, in the State of Profits. I sent familiar with, and accept the excitations of Current Registered Agent  ROUSD, MARK E ESQ  18. The above remainded with summarine statement for the gardeness of charging its registered algent, to both, in the State of Profits. I sent familiar with, and accept the excitations of Current Registered Agent  ROUSD, MARK E ESQ  18. The above remainded with summarine statement for the gardeness of charging its registered algent, to both, in the statement with, and accept the excitations of Current Registered Agent  ROUSD, MARK E ESQ  18. The above remainded with summarine the statement for the gardeness of charging its registered algent, to both, in the statement with, and accept the excitations of Current Registered Agent  Name  Cry  FILE 20 Code  REINLAND  A FEN NAME  ROUSD, MARK E ESQ  18. The above remainded with summarine the statement for the gardeness of the remainded algent, to both, in the statement of State Profits. I sent familiar with, and accept the profit in the profits of the gardeness of the profits of the pro	REINSTATEMENT						or. FI	LEO	
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Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Applied For 20, 4781151	5524 ETAN COURT		5524 ETAN COURT						
SUITE 900    City & State	,		18851 NE 29th AVENUE						
AVENTURA, FL  Zip  Country  33180  Country  6. Name and Address of Current Registered Agent  ROUSSO, MARK E ESO 18851 N.E. 29TH AVENUE, SUITE 900  AVENTURA, FL  Zin Code  Street Address of Point Registered Agent  T, Name and Address of New Registered Agent  FL  Zip  City  FL  Zip Code  8. The above named entry submits bits statement for the purpose of changing its registered office or registered agen, or both, in the State of Pointal. I am familiar with, and accept the obligations of registered agen.  SIGNATURE  FILE NOWIII FEE IS \$200.00  Make check payable to Priorida Department of States  Stock FL TAN CORES  OPTICE Registered Agent of Pointal Agent agents we shall registered office or registered agen, or both, in the State of Pointal. I am familiar with, and accept the obligations of registered agen.  FILE NOWIII FEE IS \$200.00  Make check payable to Priorida Department of States  MANAGING MEMBERS/MANAGERS  THE MORES			SUITE 900						
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ROUSSO, MARK E ESO 1885 I N.E. 29TH AVENUE, SUITE 900  AVENTURA, FL 33180  City  FL Zip Code  8. The above named entry submiss this statement for the gurdose of changing its registered diffice or registered agent, or both, in the State of Florida. Tem lennillar with, and accept the obligations of registered agent.  SIGNATURE  ROUSSO, MARK E ESO  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entry submiss this statement for the gurdose of changing its registered diffice or registered agent, or both, in the State of Florida. Tem lennillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem lennillar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State  FILE NOWIII FEE IS \$200.00  Make chack payable to Florida Department of State  FILE NOWIII FEE IS \$200.00  Make chack payable to Florida Department of State  FILE NOWIII FEE IS \$200.00  Make chack payable to Florida Department of State  FILE NOWIII FEE IS \$200.00  Make chack payable to Florida Department of State  FILE NOWIII FEE IS \$200.00  Make chack payable to Florida Department of State  FILE NOWIII FEE IS \$200.00  Make chack payable to Florida Department of State  FILE NOWIII FEE IS \$200.00  Make chack payable to Florida Department of State  FILE NOWIII FEE IS \$200.00  Make chack payable to Florida State view of Plant of the Sta			AVENTURA, FL		trv	20-47	791151 —	\$5.00 A	ot Applicable
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B. The above named entity submits this statement for the gurbose of changing its registered agent, or both, in the State of Rocins. In Italialis with, and accept the obligations of registered agent.    Comparison of registered agent	ROUSSO, MARK E ESQ 18851 N.E. 29TH AVENUE, SUITE 900					ame			
THE NOWIII FEE IS \$200.00    Make check payable to Florida Department of State   Management   Make					City			FL Zip Coo	de .
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE MARE SCARSDALE-STAR LOFTS, INC. STRET ADDRESS CITY-ST-2P  ITILE MARE MARE MARE STRET ADDRESS CITY-ST-2P  ITILE MARE MARE MARE MARE MARE MARE MARE MAR	the obligations of registered agent.  Y-27-06								
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SCARSDALE-STAR LOFTS, INC.  STREET ADDRESS STREET A	1	MANAGING MEMBER	<del></del>	_			ADDITIONS		
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NAME STREET ADDRESS CITY-ST-ZIP  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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.  President	NAME STREET ADDRESS		☐ Delete	NAM! STRE	ET ADORESS			☐ Change	Addition
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.  President of SIGNATURE:  Scandule: Start Wits, Inc. 4:27-06  >>600000000000000000000000000000000	MIME STREET ADDRESS		☐ Delete	NAM! STRE	ET ADORESS			☐ Change	☐ Addition
SIGNATURE: Scarochale Ster Wolfs, Inc. 4.27-06 7462790000	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.  President								
	SIGNATURE:	AND TYPED OR PRINTED NAME OF	Sc	corod	ede-SterÌ	offs, Inc.	· · · · · · · · · · · · · · · · · · ·		6000