2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 05, 2005
Secretary of State

DOCUMENT# L04000036292

Entity Name: MALEK PARTNERS, LLC

Current Principal Place of Business:

801 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

801 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-1116623 **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:

MIAMI CENTER REGISTERED AGENTS, LLC
201 SOUTH BISCAYNE BLVD., STE. 1700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MALEK, ZIAD
801 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131 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: ZIAD MALEK 12/05/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MALEK, ZIAD
Address: 801 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Delete
Name: SHIMON, SANDRA
Address: 801 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131

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 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: ZIAD MALEK MGR 12/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date