
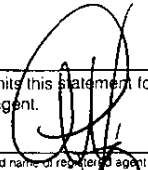
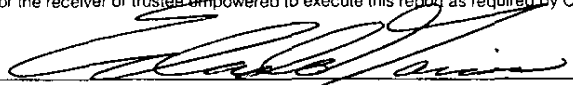


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
DIVISION OF STATE
CORPORATIONS
06 FEB 24 AM 9:42

DOCUMENT # L04000050141 1. Entity Name PERFORMING ARTS APARTMENTS, LLC					
Principal Place of Business STE 300, GROVE PROFESSIONAL BLDG 2950 SW 27TH AVE MIAMI, FL 33133			Mailing Address STE 300, GROVE PROFESSIONAL BLDG 2950 SW 27TH AVE MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
XIQUES, ALFREDO D STE 200, GRAND BAY PLAZA 2665 S BAYSHORE DR MIAMI, FL 33133				Name <u>Alfredo D Xiques</u> Street Address (P.O., Box Number is Not Acceptable) <u>Ste 300, Grove Professional Bldg</u> <u>2950 SW 27 Ave</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33133</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE <u>2/22/06</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, EDUARDO J STE 300, GROVE PROFESSIONAL BLDG MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400067307394 03/07/06--01021--007 **205.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DI CATALDO, JORGE STE 300, GROVE PROFESSIONAL BLDG MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date <u>2/22/06</u> Daytime Phone # <u>(305) 358-4800</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					