2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000055239

1. Entity Name
DEERFIELD 39TH STREET INVESTORS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 19 AM 10:40

Principal Place of Business	Mailing Address
5524 ETON CT BOCA RATON, FL 33486	5524 ETON CT BOCA RATON, FL 33486

04272006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	18851 NE 29th AVENUE Suite, Apt. #, etc. Suite 900
City & State	Aventura, FL
Zip / Country	33180 / U.S.A.

4. FEI Number 20-2306265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROUSSO, MARK E ESQ 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 4-28-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 HIRSCHFELD, DAVID 5524 ETON CT BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900078017029 06/08/06--01034--010 **200.00
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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: D.H. David Hirschfeld MGRM 4-27-06 7862790000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #