

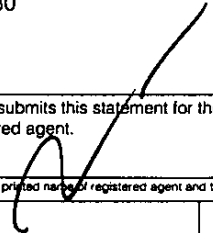
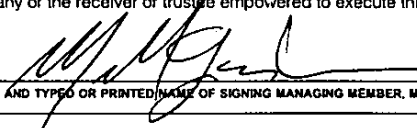


2006 LIMITED LIABILITY COMPANY - REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -5 AM 10:21

DOCUMENT # L04000066893 1. Entity Name SCARSDALE - LUNA, LLC					
Principal Place of Business 956 SCARSDALE COURT ARLINGTON HEIGHTS, IL 60005			Mailing Address 956 SCARSDALE COURT ARLINGTON HEIGHTS, IL 60005		
2. Principal Place of Business		3. Mailing Address 188 51 NE 29th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 900			
City & State		City & State Aventura, FL			
Zip	Country	Zip 33180	Country U.S. A.		
4. FEI Number 20-4803990				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04272006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent SCHUMACHER, LORI 18851 N.E. 29TH AVENUE, SUITE 900 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name MARK E. ROUSSO, ESQ. Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Avenue, Suite 900 City Aventura FL Zip Code 33180		
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 5/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 GOODMAN, MITCH 956 SCARSDALE COURT ARLINGTON HEIGHTS, IL 60005 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800075970832 06/08/06--01005--022 **200.00	
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	
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	
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:  MITCH GOODMAN 5/3/06 756-229-0000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					