

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000091466

Entity Name: AVE MARINA 1414 L.L.C.

FILED  
Mar 27, 2006  
Secretary of State

**Current Principal Place of Business:**

3370 NE 190TH. STREET  
APT. # 303  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 800201  
AVENTURA, FL 332800201

**New Mailing Address:**

FEI Number: 20-2556451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

FULOP, LOUIS  
3370 NE 190TH. STREET  
APT. # 303  
AVENTURA, FL 33180 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: LOUIS FULOP

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FULOP, LOUIS  
Address: P.O. BOX 800201  
City-St-Zip: AVENTURA, FL 332800201

Title: MGRM ( ) Delete  
Name: FULOP, VIVIAN  
Address: P.O. BOX 800201  
City-St-Zip: AVENTURA, FL 332800201

**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 Chapter 119, 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: LOUIS FULOP

MGRM

03/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date