


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**09 JAN -8 PM 3:35**

<b>DOCUMENT # L05000001319</b> 1. Entity Name 2503 LORH, LLC	
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Principal Place of Business NEW RIVER CENTER, SUITE 1850 200 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301-2276	Mailing Address NEW RIVER CENTER, SUITE 1850 200 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301-2276
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

12312008 REIN-LLC	CR2E101 (1/07)	
4. FEI Number <b>52-2448386</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  ROTELLA, GARY J ESQ/ NEW RIVER CENTER, SUITE 1850 200 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301-2276	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

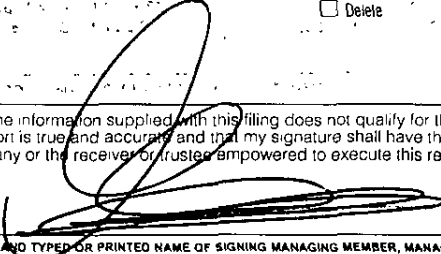
<b>FILE NOW!!! FEE IS \$138.75</b> After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTELLA, GARY J ESQ.		NAME		
STREET ADDRESS	NEW RIVER CENTER, SUITE 1850		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 333012276		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

REINSTATEMENT 2008

200139532922  
01/06/09--01012--005 \*\*138.75

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:**  **12/31/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #