

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000003511	
1. Entity Name 1600 QUEEN INVESTMENTS, LLC	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP -6 AM 10:29

Principal Place of Business 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134	Mailing Address 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 1600 SW 2nd Ave	3. Mailing Address 1600 SW 2nd Ave
Suite, Apt. #, etc. Miami FL	Suite, Apt. #, etc. Miami FL 33129
City & State 33129 FL	City & State Miami
Zip 33129	Country USA

04302007 REIN-LLC CR2E101 (1/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name: Felipe Roa Street Address (P.O. Box Number is Not Acceptable): 1600 SW 2nd Ave City: Miami City: FL Zip Code: 33129
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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 [Signature] DATE Aug 21, 2007

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANIBAL ROA V. 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400109294674 03/11/07--01018--002 **200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mario Ramirez JUL 19-07 305 8597745

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