

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000008534

**FILED**  
**Dec 01, 2006**  
**Secretary of State**

**Entity Name:** PINIE, L.L.C.

**Current Principal Place of Business:**

2875 N.E. 191ST STREET, SUITE 801  
TURNBERRY PLAZA  
AVENTURA, FL 33180

**New Principal Place of Business:**

20533 BISCAYNE BLVD  
SUITE 1128  
AVENTURA, FL 33180

**Current Mailing Address:**

2875 N.E. 191ST STREET, SUITE 801  
TURNBERRY PLAZA  
AVENTURA, FL 33180

**New Mailing Address:**

20533 BISCAYNE BLVD  
SUITE 1128  
AVENTURA, FL 33180

FEI Number: 20-2257780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SERBER, DANIEL J  
2875 N.E. 191ST STREET, SUITE 801  
TURNBERRY PLAZA  
AVENTURA, FL 33180 US

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

ARON, ARON  
20533 BISCAYNE BLVD  
SUITE 1128  
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: ARON WOLFSON

12/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOLFSON, ARON  
Address: 2875 N.E. 191ST STREET, SUITE 801  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: ASPS DE WOLFSON, RAQUEL  
Address: 2875 N.E. 191ST STREET, SUITE 801  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: WOLFSON, ARON  
Address: 20533 BISCAYNE BLVD SUITE 1128  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change ( ) Addition  
Name: ASPIS DE WOLFSON, RAQUEL  
Address: 20533 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33180

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: ARON WOLFSON

PRE

12/01/2006

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