

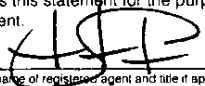
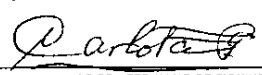


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000010270 1. Entity Name ASPENDALE ENTERPRISES, LLC						FILED 06 OCT 13 AM 10:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
Principal Place of Business 2901 SOUTH BAYSHORE DRIVE, SUITE 11-F COCONUT GROVE, FL 33133				Mailing Address 2901 SOUTH BAYSHORE DRIVE, SUITE 11-F COCONUT GROVE, FL 33133					
2. Principal Place of Business		3. Mailing Address 1500 San Remo Ave.		10112006 REIN-LLC CR2E101 (11/05)		4. FEI Number 20-2364682		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 125							
City & State		City & State Coral Gables, FL							
Zip		Country		Zip 33146		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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  Atrium Registered Agents, Inc. Jose L. Nunez, VP 10/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00				Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES			
TITLE MGR <input checked="" type="checkbox"/> Delete NAME PEREIRA VELIZ, PEDRO STREET ADDRESS 2901 SOUTH BAYSHORE DRIVE, SUITE 11-F CITY-ST-ZIP COCONUT GROVE, FL 33133						TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CARLOTA DE GRAUER STREET ADDRESS 2901 SOUTH BAYSHORE DR. SUITE 11-F CITY-ST-ZIP COCONUT GROVE, FL 33133			
TITLE MGR <input type="checkbox"/> Delete NAME DE PEREIRA, CARLOTA STREET ADDRESS 2901 SOUTH BAYSHORE DRIVE, SUITE 11-F CITY-ST-ZIP COCONUT GROVE, FL 33133						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  10/11/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>									