

**2006 LIMITED LIABILITY COMPANY
REINSTATEMENT**

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| 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 |
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| 2. Principal Place of Business | 3. Mailing Address 1500 San Remo Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 125 |

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| City & State Coral Gables, FL | 4. FEI Number 20-2364682 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33146 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |

10112006 REIN-LLC CR2E101 (11/05)

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|--|--|--|-------------|
| 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 Jose L. Nunez, VP Atrium Registered Agents, Inc. DATE 10/11/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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 PEREIRA VELIZ, PEDRO 2901 SOUTH BAYSHORE DRIVE, SUITE 11-F COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CARLOTA DE GRAUER 2901 SOUTH BAYSHORE DR. SUITE 11-F COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DE PEREIRA, CARLOTA 2901 SOUTH BAYSHORE DRIVE, SUITE 11-F COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300081085053 10/20/06--01066--023 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: CarlotadeGrauer DATE: 10/11/06

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