

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000011701

Entity Name: HIGH PINES 01/05 LLC

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2600 DOUGLAS RD.  
SUITE 1100  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2665 S. BAYSHORE DRIVE  
STE 906  
COCONUT, FL 33133

**Current Mailing Address:**

2600 DOUGLAS RD.  
SUITE 1100  
CORAL GABLES, FL 33134

**New Mailing Address:**

2665 S. BAYSHORE DRIVE  
STE 906  
COCONUT, FL 33133

FEI Number: 20-2273210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GURIAN, JORGE  
2600 DOUGLAS RD.  
SUITE 1100  
CORAL GABLES, FL 33134 US

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

GURIAN, JORGE  
2665 S. BAYSHORE DRIVE  
STE 906  
COCONUT GROVE, FL 33133 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: JORGE GURIAN

10/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOFFMANN, TOMAS  
Address: 2665 S. BAYSHORE DRIVE STE 906  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby 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: TOMAS HOFFMANN

MGRM

10/01/2010

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