


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000021517	
1. Entity Name AGU L.L.C.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:03

Principal Place of Business 18246 COLLINS AVENUE SUNNY ISLES, FL 33160	Mailing Address 18246 COLLINS AVENUE SUNNY ISLES, FL 33160
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2. Principal Place of Business	3. Mailing Address 20301 W COUNTRY CLUB DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2022
City & State	City & State AVENTURA FL
Zip	Country
33180	US



09192006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-2939159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUBROVSKY, GASTON 18246 COLLINS AVENUE SUNNY ISLES, FL 33160	7. Name and Address of New Registered Agent Name SCHOR ELIANA Street Address (P.O. Box Number is Not Acceptable) 20301 W COUNTRY CLUB DR # 2022 City AVENTURA FL Zip Code 33180
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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 *Schor* DATE 09/18/06

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

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	MANAGER LABOVSKY CARMEND 18246 COLLINS AVE SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LABOVSKY BENITO A 18246 COLLINS AVE SUNNY ISLES, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/27/06 - 90017-007- \$50.00 <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
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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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

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: *Schor* Schor ELIANA DATE 09/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE