

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000036281

**FILED**  
**Oct 30, 2006**  
**Secretary of State**

**Entity Name:** 207-8 (4300BISC, BLVD.)LLC

**Current Principal Place of Business:**

4300 BISCAYNE BLVD  
207-208  
KEY BISCAYNE, FL 33137 US

**New Principal Place of Business:**

4300 BISCAYNE BLVD  
207-208  
MIAMI, FL 33137 US

**Current Mailing Address:**

9350 S. DIXIE HIGHWAY  
10TH FLOOR  
MIAMI, FL 33156 US

**New Mailing Address:**

4300 BISCAYNE BLVD.  
207  
MIAMI, FL 33137 US

**FEI Number:** 68-0520606      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GARTH A. WEBSTER, P.A.  
9350 S. DIXIE HIGHWAY  
10TH FLOOR  
MIAMI, FL 33156 US

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

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: SILVIA ZAVALA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THORNTON, THOMAS  
Address: 4300 BISCAYNE BOULEVARD 207-208  
City-St-Zip: MIAMI, FL 33137 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS THORNTON

MR

10/30/2006

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