

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000036581

1. Entity Name
HIBOU PROPERTIES V FLORIDA HOLDINGS LLC



FILED

08 JAN 29 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 432520
MIAMI, FL 33243-2520

Mailing Address
P.O. BOX 432520
MIAMI, FL 33243-2520

2. Principal Place of Business - No P.O. Box #
6500 Riviera Dr.

3. Mailing Address
6500 Riviera Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 REIN-LLC CR2E101 (1/07)

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
20-2823508

Applied For
Not Applicable

Zip
33146

Country

Zip
33146

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEY REGISTERED AGENTS INC.
520 BRICKELL KEY DRIVE, SUITE 0-303
MIAMI, FL 33131

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

Joel J. Karp Joel J. Karp

1/9/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
EVEREST TRUSTEES, INC.
CHARLOTTE HOUSE, CHARLOTTE ST., POB. N.65
NASSAU, BAHAMAS.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600116457716
01/30/08--01032--015 **277.50

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Joel J. Karp Joel J. Karp A.R. 1/9/08 (305) 445-3545

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

Date

Daytime Phone #