2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# L05000038365

Entity Name: TERSTE, LLC

Current Principal Place of Business:

550 BILTMORE WAY, SUITE 700
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

550 BILTMORE WAY, SUITE 700
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLER, NEALE J
550 BILTMORE WAY, SUITE 700
CORAL GABLES, FL 33134 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: NEALE J. POLLER

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: ST.CLAIR, KEITH
Address: 901 BRICKELL KEY BOULEVARD, UNIT 3708
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM ( ) Change (X) Addition
Name: GIESE, STEFANIE
Address: 808 BRICKELL KEY DRIVE, UNIT 601
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM ( ) Change (X) Addition
Name: MASCARENHAS, TERENCE
Address: 50 CRABAPPLE ROAD
City-St-Zip: MANHASET, NY 11030 US

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: KEITH R. ST.CLAIR MGRM 02/14/2007

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