
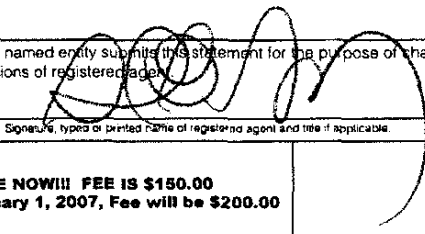
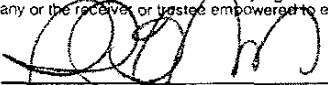


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 OCT 31 AM 8:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000039135					
1. Entity Name 326-328 CHILEAN AVE., LLC					
Principal Place of Business 326-328 CHILEAN AVENUE PALM BEACH, FL 33480			Mailing Address 326-328 CHILEAN AVENUE PALM BEACH, FL 33480		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5799511	
				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			7. Name and Address of New Registered Agent		
EVANS, LESLIE R 214 BRAZILIAN AVENUE, STE. 200 PALM BEACH, FL 33480			Name David B. Norris		
			Street Address (P.O. Box Number is Not Acceptable)		
			712 US Highway One, Suite 400		
			City North Palm Beach FL Zip Code 33408		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN B. SCHORSCH NON-EXEMPT IRREVOCABLE TR 326-328 CHILEAN AVENUE PALM BEACH, FL 33480	<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	000081407330	
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	
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	
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: 			David B. Norris, Authorized Representative		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 10/31/06		
			Daytime Phone # 561-844-3600		

REINSTATEMENT

11-1-06



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 567243 10463A

AUTHORIZATION :

COST LIMIT : \$150.00

ORDER DATE : October 31, 2006

ORDER TIME : 3:03 PM

ORDER NO. : 567243-005

CUSTOMER NO: 10463A

DOMESTIC FILINGS

NAME: 326-328 CHILEAN AVE., LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS _____

RECEIVED
06 OCT 31 PM 4:24
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA