

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:29

DOCUMENT # L05000042062 1. Entity Name KNOLLWOOD DRIVE LLC			
Principal Place of Business 7200 NW 7 STREET 200 MIAMI, FL 33126 US		Mailing Address 7200 NW 7 STREET 200 MIAMI, FL 33126 US	
2. Principal Place of Business 6401 SW 87 Ave Suite, Apt. #, etc. Suite 121 City & State Miami FL Zip 33173 Country USA		3. Mailing Address PO Box 491365 Suite, Apt. #, etc. City & State Key Biscayne FL Zip 33149 Country USA	
4. FEI Number 20-2826247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		12122006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent POZO, JAIME 8000 WEST FLAGLER STREET MIAMI, FL 33144		7. Name and Address of New Registered Agent 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		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	MGRM ALMAIDA, YVETTE 7200 NW 7 STREET MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Almeida, Yvette 6401 SW 87 Ave # 121 Miami FL 33173
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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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: Yvette Almeida 12/12/06 (305) 271-8562 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			