2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000045042

Entity Name: 1575 SAN IGNACIO, LLC

() Delete

2730 S.W. 3RD AVE, SUITE 203

GOLDSTEIN, SANDRA

MIAMI, FL 33129

Title:

Name:

Address:

City-St-Zip:

MGR

FILED Oct 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1550 MADRUGA AVE., SUITE 300 CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** 1550 MADRUGA AVE., SUITE 300 CORAL GABLES, FL 33146 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () 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: Name and Address of New Registered Agent: LEWIS, HAROLD L ONE BISCAYNE TOWER, SUITE 2400 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131 US 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: HAROLD LEWIS Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete ROSEN, KENNETH D Name: Name: Address: 1550 MADRUGA AVE., SUITE 300 Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: DEROSA, ANTHONY T Name: Address: 9600 N.W. 25TH STREET, PENTHOUSE Address: City-St-Zip: DORAL, FL 33172 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BERNSTEIN, STEPHEN J Name: Name: 9600 N.W. 25TH STREET, PENTHOUSE Address: Address: City-St-Zip: DORAL, FL 33172 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: HAROLD LEWIS MA 10/25/2006