



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 14 AM 11:13

DOCUMENT # L05000048362 1. Entity Name BP RELATED HOLDINGS, LLC					
Principal Place of Business 450 ALTON ROAD, UNIT 1701 MIAMI BEACH, FL 33139			Mailing Address 450 ALTON ROAD, UNIT 1701 MIAMI BEACH, FL 33139		
2. Principal Place of Business 666 71 Street + Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Miami Beach, FL		City & State SAME		4. FEI Number 12012006 REIN-LLC CR2E101 (11/05)	
Zip 33141		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Gerson, Preston & Robinson Street Address (P.O. Box Number is Not Acceptable) 666 71 Street + City Miami Beach FL Zip Code 33141		
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 <u><i>Ally de la Vega</i></u> DATE <u>12/1/06</u> <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 PIERCE, BROCK 450 ALTON ROAD, UNIT 1701 MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pierce, Brock 666 71 Street + Miami Beach, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		12/14/06--01022--001 900082541549		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		REINSTATEMENT 2006		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		SIGNATURE: <u><i>Ally de la Vega</i></u> DATE <u>12/1/06</u> DAYTIME PHONE # <u>305-868-3600</u>		

SIGNATURE:

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

Date

Daytime Phone #