

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000052081

Entity Name: CITY VIEW CONDOS, LLC

FILED
Feb 20, 2007
Secretary of State

Current Principal Place of Business:

9210 SW 72ND STREET, SUITE 103, BLDG. 5
MIAMI, FL 33173

Current Mailing Address:

9210 SW 72ND STREET, SUITE 103, BLDG. 5
MIAMI, FL 33173

New Principal Place of Business:

5835 BLUE LAGOON DRIVE
SUITE 302
MIAMI, FL 33126

New Mailing Address:

5835 BLUE LAGOON DRIVE
SUITE 302
MIAMI, FL 33126

FEI Number: 20-3193950 FEI Number Applied For () FEI Number Not Applicable () 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:

BALOYRA, JOSE
SUITE 300 GROVE PROFESSIONAL BUILDING
2950 SW 27TH AVENUE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

BALOYRA, JOSE L
SUITE 300 GROVE PROFESSIONAL BUILDING
2950 SW 27TH AVENUE
MIAMI, FL 33133 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: JOSE L. BALOYRA

02/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MEDEROS, JORGE C
Address: 5835 BLUE LAGOON DRIVE, SUITE 302
City-St-Zip: MIAMI, FL 33126

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: JORGE C. MEDEROS

MGR

02/20/2007

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