2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000052237

Entity Name: THE PROMENADE AT HIGH PINES LLC

8240 SW 164TH TERRACE

MIAMI, FL 33157 US

Address:

City-St-Zip:

FILED Oct 13, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Busines	s:	
8240 SW 1 MIAMI, FL	164TH TERRACE 33157 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
8240 SW 1 MIAMI, FL	164TH TERRACE 33157 US			
In accordan	: 11-3750850 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the limited liability I Address of Current Registered Agent:		e of Status Desired () stered Agent:	
LILIAM FERNANDEZ, PA 1440 JFK CAUSEWAY SUITE 301 NORTH BAY VILLAGE, FL 33141 US		LILIAM FERNANDEZ, PA 1621 N.W. 13 CT MIAMI, FL 33125 US	1621 N.W. 13 CT	
	e named entity submits this statement for the of Florida.	e purpose of changing its registered office or re	egistered agent, or both,	
SIGNATUI	RE: LILIAM FERNANDEZ	10)/13/2009	
	Electronic Signature of Registered	gent [Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete ALONSO, GLORIA L 8240 SW 164TH TERRACE MIAMI, FL 33157 US	Title: () Change (Name: Address: City-St-Zip:) Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete HILLIARD, LOURDES M 8240 SW 164TH TERRACE MIAMI, FL 33157 US	Title: () Change (Name: Address: City-St-Zip:) Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete ALONSO, GUILLERMO E 8240 SW 164TH TERRACE MIAMI, FL 33157 US	Title: () Change (Name: Address: City-St-Zip:) Addition	
Title: Name:	MGRM () Delete HILLIARD, ISAAC J	Title: () Change(Name:) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: GLORIA L. ALONSO MGRM 10/13/2009