2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000052976

Entity Name: BL 1105, LLC

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2100 PONCE DE LEON BLVD., STE. 600 2600 DOUGLAS ROAD CORAL GABLES, FL 33134

1100

CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Current Mailing Address: New Mailing Address:

2100 PONCE DE LEON BLVD., STE. 600 2600 DOUGLAS ROAD CORAL GABLES, FL 33134 1100

CORAL GABLES, FL 33134

FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

GURIAN, JORGE L GURIAN, JORGE L 2100 PONCE DE LEON BLVD., STE. 600 2600 DOUGLAS ROAD

CORAL GABLES, FL 33134 1100 CORAL GABLES, FL 33134 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: JORGE L GURIAN 03/27/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Delete (X) Change () Addition

CHAVES, GABRIEL O CHAVES, GABRIEL O Name: Name:

Address: 2100 PONCE DE LEON BLVD., STE. 600 Address: 2600 DOUGLAS ROAD, #1100 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

(X) Change () Addition Title: MGRM () Delete Title: MGRM

Name: CHAVES, PILAR Name: CHAVES, PILAR

Address: 2100 PONCE DE LEON BLVD., STE, 600 Address: 2600 DOUGLAS ROAD, #1100 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

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: GABRIEL O CHAVES **MGRM** 03/27/2007