

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 16 AM 9:02

<b>DOCUMENT # L05000056072</b> 1. Entity Name <b>BILLDEN LONG KEY LLC</b>					
Principal Place of Business <b>C/O JOSE CABANAS 10520 N.W. 26TH STREET, SUITE C-201 MIAMI, FL 33172</b>			Mailing Address <b>C/O JOSE CABANAS 10520 N.W. 26TH STREET, SUITE C-201 MIAMI, FL 33172</b>		
2. Principal Place of Business <b>10520 NW 26 St.</b>		3. Mailing Address <b>10520 NW 26 St.</b>			
Suite, Apt. #, etc. <b>C 201</b>		Suite, Apt. #, etc. <b>C 201</b>			
City & State <b>Doral, FL</b>		City & State <b>Doral</b>			
Zip <b>33172</b>		Zip <b>33172</b>			
Country <b>U.S.A.</b>		Country <b>FL</b>		10122006 REIN-LLC CR2E101 (11/05)	
4. FEI Number <b>20-4754625</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>LOUMIET, JUAN P ESQ. C/O GREENBERG TRAUIG, P.A. 1221 BRICKELL AVE. MIAMI, FL 33131</b>	
7. Name and Address of New Registered Agent Name <b>Jose E. Cabanas</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O Cabanas &amp; Associates, P.A.</b> <b>10520 NW 26 St. - Ste. C 201</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33172</b>				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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				<b>Jose E. Cabanas</b> <b>10/12/06</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>10/12/06</b> (305) 513 3639 <small>Daytime Phone #</small>	

Jose E. Cabanas