

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000056642

FILED
Dec 12, 2007
Secretary of State

Entity Name: JADE CU-1, LLC

Current Principal Place of Business:

1300 BRICKELL AVENUE
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1300 BRICKELL AVENUE
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-4807071 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:

SANCHEZ, MILAGROS A
1300 BRICKELL AVENUE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CARBALLO, CARLOS
1300 BRICKELL AVENUE
MIAMI, FL 33131 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: CARLOS CARBALLO

12/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR. () Delete
Name: DEFORTUNA, EDGARDO A
Address: 1300 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: MGR. () Delete
Name: DEFORTUNA, ANA CRISTINA
Address: 1300 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR. (X) Change () Addition
Name: DEFORTUNA, ANA C
Address: 1300 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

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.

SIGNATURE: EDGARDO A. DEFORTUNA

MGR

12/12/2007

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