
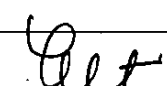
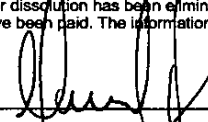


**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

| <div style="text-align: center;">2008<br/><b>LIMITED LIABILITY<br/>COMPANY<br/>REINSTATEMENT<br/>ANNUAL REPORT</b></div>   |                                   | <div style="text-align: center;"><br/><b>FLORIDA DEPARTMENT OF STATE</b><br/>Secretary of State<br/>DIVISION OF CORPORATIONS</div> |                       | <div style="text-align: center;">FILED<br/><b>SECRETARY OF STATE<br/>DIVISION OF CORPORATIONS</b></div><br><div style="font-size: 1.2em; font-weight: bold;">08 SEP 19 PM 2: 06</div><br><div style="text-align: right; margin-top: 100px;">CR2E041 (12/07)</div>  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-----------------------------------|---|-----------------------|--|--|--------|-----------------------------------|--|--------------------|-----|---------------|-----------------|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DOCUMENT # L050000068252</b>  |                                   |   |                       |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1. Limited Liability Company's Name</b><br><div style="font-size: 1.2em; font-weight: bold;">6710 TARREGA LLC</div>   |                                   |   |                       |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2. Principal Office Address - No P.O. Box #</b><br>1390 BRICKELL AVENUE<br><br>Suite, Apt. #, etc.<br>200<br><br>City & State<br>FLORIDA<br><br>Zip                      Country<br>33131                      USA  |                                   | <b>3. Mailing Office Address</b><br>280 CARABELA CT<br><br>Suite, Apt. #, etc.<br><br>City & State <i>Coral Gables</i><br>FLORIDA<br><br>Zip                      Country<br>33143                      USA         |                       | <b>4. State/Country of Formation</b><br>FLORIDA<br><br><b>5. Date Organized or Qualified To Do Business in Florida</b> 7/11/2005<br><br><b>6. FEI Number</b> <input type="checkbox"/> Applied For<br>20-3184936 <input type="checkbox"/> Not Applicable<br><br><b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>8. Name and Address of Current Registered Agent</b><br>Name<br>GONZALO HEVIA<br>Street Address (P.O. Box Number is Not Acceptable)<br>280 CARABELA CT<br>Suite, Apt. #, Etc.<br><br>City                      State                      Zip Code<br>CORAL GABLES                      FL                      33143  |                                   |   |                       | <input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b><br><br>Signature of Registered Agent _____ Date <u>9/9/2008</u><br><div style="text-align: center; margin-top: 10px;">REGISTERED AGENT MUST SIGN</div>  |                                   |   |                       |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>10. Names and Street Addresses of Managing Members/Managers</b>   |                                   |   |                       |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Managing Members/Managers</th><th style="width: 30%;">Street Address of Each Managing Member/Manager</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>GONZALO HEVIA</td><td>280 CARABELA CT</td><td>CORAL GABLES FL 33143</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>   |                                   |   |                       |  |  | Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | MGR | GONZALO HEVIA | 280 CARABELA CT | CORAL GABLES FL 33143 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Titles   | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager  | City / State / Zip    |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MGR  | GONZALO HEVIA                     | 280 CARABELA CT   | CORAL GABLES FL 33143 |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                   |   |                       |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |                                   |   |                       |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                   |   |                       |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                   |   |                       |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: right;">200135874882<br/>09/18/08--01003--011 **538.75</div> <div style="text-align: right; margin-top: 20px;"></div>   |                                   |   |                       |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b><br><br>Signature of Managing Member/Manager  Date <u>9/9/2008</u> Daytime Phone# <u>305.4449102</u><br><div style="text-align: center; margin-top: 10px;">Typed or printed name of signing Managing Member/Manager <b>GONZALO HEVIA</b></div> |                                   |   |                       |  |  |        |                                   |  |                    |     |               |                 |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |