

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 DEC 31 PM 1:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # L05000069094 1. Entity Name 21WEST PARTNERS LLC					
Principal Place of Business 2110 NORTH OCEAN BOULEVARD 402 FORT LAUDERDALE, FL 33305 US		Mailing Address 2110 NORTH OCEAN BOULEVARD 402 FORT LAUDERDALE, FL 33305 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		10282008 REIN-LLC CR2E 101 (1/07)	
City & State Zip Country		City & State Zip Country		4. FEI Number 20-3155225 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, the undersigned, do hereby accept the obligations of registered agent.					
SIGNATURE <small>Signature of officer or principal named in registration and fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 10-30-08	
FILE NOW! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEPER, DANIEL 2110 NORTH OCEAN BOULEVARD #402 FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900139406649 12/31/08--01077--011 **243.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Daniel TEPER				10/28/08 2016586763	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					