

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Jan 24, 2007**  
**Secretary of State**

DOCUMENT# L05000071571

**Entity Name:** SEBASTIAN PLAZA, LLC

**Current Principal Place of Business:**

P.O. BOX 330362  
COCONUT GROVE, FL 33233

**New Principal Place of Business:**

4915 ORDUNA DRIVE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

C/O ATER REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE, SUITE #600  
COCONUT GROVE, FL 33133

**New Mailing Address:**

P.O. BOX 330362  
COCONUT GROVE, FL 33233

**FEI Number:** 20-3181025      **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:**

**Name and Address of New Registered Agent:**

ATER REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE, SUITE #600  
COCONUT GROVE, FL 33133      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: SANTIAGO ELJAIK, MANAGER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: CHAMIZO, MANUEL III  
Address: 4915 ORDUNA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

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

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: MANUEL CHAMIZO III

MGR

01/24/2007

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