

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 OCT 30 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000071631</b> 1. Entity Name <b>BRICKELL ART HOUSE LLC</b>					
Principal Place of Business <b>1111 BRICKELL BAY DRIVE APT. 2902 MIAMI, FL 33131</b>		Mailing Address <b>1111 BRICKELL BAY DRIVE APT. 2902 MIAMI, FL 33131</b>			
2. Principal Place of Business <b>1331 Brickell Bay Drive</b> Suite, Apt. #, etc. <b>Bay Loft #48</b>		3. Mailing Address <b>1331 Brickell Bay Drive</b> Suite, Apt. #, etc. <b>Bay Loft #48</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>760806722</b>	
Zip <b>33131</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VALVERDE, AUGUSTO</b> <b>1111 BRICKELL BAY DRIVE APT. 2902</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>Augusto Valverde</b> Street Address (P.O. Box Number is Not Acceptable) <b>1331 Brickell Bay Drive</b>  <b>Bay Loft #48</b> City <b>Miami</b>	
State <b>FL</b>		Zip Code <b>33131</b>		Applied For Not Applicable	
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 <b>Augusto Valverde</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>10/24/06</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$200.00</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<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: <b>Augusto Valverde</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE: <b>10/24/06</b> Daytime Phone #: <b>(305) 799-2557</b>	
Managing Member				Managing Member	

REINSTATEMENT 2006