


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000071631		
1. Entity Name BRICKELL ART HOUSE LLC		

FILED

06 OCT 30 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1111 BRICKELL BAY DRIVE APT. 2902 MIAMI, FL 33131	Mailing Address 1111 BRICKELL BAY DRIVE APT. 2902 MIAMI, FL 33131
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2. Principal Place of Business 1331 Brickell Bay Drive Suite, Apt. #, etc. Bay Loft #48 City & State Miami, FL Zip 33131 Country USA	3. Mailing Address 1331 Brickell Bay Drive Suite, Apt. #, etc. Bay Loft #48 City & State Miami, FL Zip 33131 Country USA
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10242006 REIN-LLC CR2E101 (11/05)

4. FEI Number 760806722	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VALVERDE, AUGUSTO 1111 BRICKELL BAY DRIVE APT. 2902 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Augusto Valverde Street Address (P.O. Box Number is Not Acceptable) 1331 Brickell Bay Drive Bay Loft #48 City Miami FL Zip Code 33131
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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 Augusto Valverde <small>Signature, typed or printed name of registered agent and title if applicable</small>	10/24/06 <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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: Augusto Valverde <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	10/24/06 <small>DATE</small>	(305) 799-2557 <small>Daytime Phone #</small>
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REINSTATEMENT 2006