2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000074156

Entity Name: NE 18TH AVENUE, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
3325 NE 32ND STREET FORT LAUDERDALE, FL 33308	

Current Mailing Address:	**New Mailing Address:**
3325 NE 32ND STREET FORT LAUDERDALE, FL 33308	3327 NE 32ND STREET FORT LAUDERDALE, FL 33308

FEI Number: FEI Number Applied For ( )   FEI Number Not Applicable (X)   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:**
COBB, CANDIDA A ESQ. 3327 NE 32ND STREET FORT LAUDERDALE, FL 33308 US	COBB, CANDIDA A ESQ. 3325 NE 32ND STREET FORT LAUDERDALE, FL 33308 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: CANDIDA A. COBB   10/11/2006

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	DELUCA, GARY	Name:	
Address:	3325 NE 32ND STREET	Address:	
City-St-Zip:	FORT LAUDERDALE, FL 33308	City-St-Zip:	

Title:	MGRM (X) Delete	Title:	( ) Change ( ) Addition
Name:	LAMAR, CHAD R	Name:	
Address:	3327 NE 32ND STREET	Address:	
City-St-Zip:	FORT LAUDERDALE, FL 33308	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: GARY DELUCA   MGRM   10/11/2006

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