

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000078543

FILED
Oct 11, 2007
Secretary of State

Entity Name: CORPORACION PALMERAS 211216, LLC

Current Principal Place of Business:

11904 MIRAMAR PKWY
MIRAMAR, FL 33025

New Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

Current Mailing Address:

11904 MIRAMAR PKWY
MIRAMAR, FL 33025

New Mailing Address:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

FEI Number: 20-3340633 **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:

CPC ACCOUNTING SERVICES
2800 GLADES CIRC. SUITE E-102
WESTON, FL 33327 US

Name and Address of New Registered Agent:

GURIAN, JORGE
2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134 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: JORGE GURIAN

10/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAPRI, LUIS G
Address: AVE. LIBERTADOR LOCAL 12 LA FLORIDA SUR
City-St-Zip: CARACAS VENEZUELA,

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAPRI, LUIS G
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: LUIS G CAPRI

MGR

10/11/2007

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