


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000099344		
1. Entity Name ENCLAVE 108, LLC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUN 11 PM 4:41

Principal Place of Business 9737 NW 41ST STREET, #615 MIAMI, FL 33178-2924	Mailing Address 9737 NW 41ST STREET, #615 MIAMI, FL 33178-2924
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2. Principal Place of Business - No P.O. Box # 10544 NW 26 St. Suite, Apt. #, etc. E 202 City & State Doral, FL. Zip 33172 Country U.S.	3. Mailing Address 10544 NW 26 St. Suite, Apt. #, etc. E 202 City & State Doral, FL. Zip 33172 Country U.S.
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05232007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-3600608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 NW 26TH STREET, SUITE C201 DORAL, FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Joseph F. Cabanas DATE 06/06/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	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	MGRM EL KHAUOLI, SALOMON 10556 NW 26TH STREET, SUITE D101 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EL KHAUOLI, Salomon 10544 NW 26 St. - E 202 Doral, FL. 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EL KHAUOLI, Jose 10544 NW 26 St. - E 202 Doral, FL. 33172 <input type="checkbox"/> Change <input checked="" 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: Salomon El Khaouli DATE 05/23/07 (305) 594 1098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Salomon El Khaouli