

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000107875

Entity Name: JADE OCEAN 1701 - 805, LLC

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

2100 PONCE DE LEON BOULEVARD, SUITE 600
CORAL GABLES, FL 33134

New Principal Place of Business:

2600 DOUGLAD ROAD
SUITE 1100
CORAL GABLES, FL 33134

Current Mailing Address:

2100 PONCE DE LEON BOULEVARD, SUITE 600
CORAL GABLES, FL 33134

New Mailing Address:

2600 DOUGLAD ROAD
SUITE 1100
CORAL GABLES, FL 33134

FEI Number: 20-3745056 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:

GURIAN, JORGE
2100 PONCE DE LEON BOULEVARD, SUITE 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GURIAN, JORGE
2600 DOUGLAD 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

03/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMID, TOMAS
Address: 2100 PONCE DE LEON BOULEVARD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: MARVANEK, KAMIL
Address: 2100 PONCE DE LEON BOULEVARD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: HOFFMANN, DANIELLA
Address: 2100 PONCE DE LEON BOULEVARD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMID, TOMAS
Address: 2600 DOUGLAD ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change () Addition
Name: MARVANEK, KAMIL
Address: 2600 DOUGLAD ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change () Addition
Name: HOFFMANN, DANIELLA
Address: 2600 DOUGLAD 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 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: TOMAS SMID

MGRM

03/29/2007

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