## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000112683

Entity Name: BLACK PEARL RESIDENTIAL, LLC

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11726 LAKE CLAIR CIRCLE CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

301 EAST 66TH STREET, 12-K NEW YORK, NY 10021

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:

RICKMAN, JUSTIN ATTY.

450 EAST HIGHWAY 50

SLITE 7

THE ROY LAW FIRM, PL

411 W. CENTRAL PARKWAY

ALTAMONTE SPRINGS EL 323

SUITE 7 ALTAMONTE SPRINGS, FL 32714 US

CLERMONT, FL 34711 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: WILLIAM ROY 02/12/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PENNER, JONATHAN
 Name:

 Address:
 301 EAST 66TH STREET, APT. 12-K
 Address:

 City-St-Zip:
 NEW YORK, NY 10021
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GWIN, JEFFRÉY
 Name:

 Address:
 200 PARK AVE. SOUTH
 Address:

 City-St-Zip:
 NEW YORK, NY 10003
 City-St-Zip:

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: JONATHAN PENNER MGRM 02/12/2009