

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 08 OCT -9 PM 4: 20  
**FILED**

<b>DOCUMENT # L05000117317</b>					
<b>1. Entity Name</b> KENDALL CENTER MANAGEMENT, LLC					
<b>Principal Place of Business</b> 7171 SW 62ND AVENUE, FOURTH FLOOR MIAMI, FL 33143			<b>Mailing Address</b> 7171 SW 62ND AVENUE, FOURTH FLOOR MIAMI, FL 33143		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>01-0853758</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  ALAM, NASIR M 7171 SW 62ND AVENUE, FOURTH FLOOR MIAI, FL 33143		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code			
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 <i>X</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>10/1/08</b>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENDALL PAVILION, LLC		NAME		
STREET ADDRESS	7171 SW 62ND AVENUE, FOURTH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>X</i>		Date <b>10/1/08</b>		Daytime Phone # <b>(305) 669-2700</b>	

Reinstatement  
 2008