

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 11 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242007 REIN-LLC CR2E101 (1/07)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DOCUMENT # L05000117982

1. Entity Name
BRICKELL 3504, LLC

Principal Place of Business 2121 PONCE DE LEON BLVD., SUITE 1100 C/O GOLDSTEIN SCHECHTER PRICE, ET. AL. CORAL GABLES, FL 33134.	Mailing Address 2121 PONCE DE LEON BLVD., SUITE 1100 C/O GOLDSTEIN SCHECHTER PRICE, ET. AL. CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

JESUS RAFAEL RODRIGUEZ PEREZ
2121 PONCE DE LEON BLVD., SUITE 1100
C/O GOLDSTEIN SCHECHTER PRICE, ET. AL.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR <input type="checkbox"/> Delete
NAME	JESUS RAFAEL RODRIGUEZ PEREZ
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 1100
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	DANIEL JORGE RAGOT CELAYA
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 1100
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	INES LORENA BARROET A RAMIREZ
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 1100
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400097311064
STREET ADDRESS	04/18/07--01014--013 **200.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date) (Daytime Phone #)

REINSTATEMENT 06-07