

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 24, 2007
Secretary of State

DOCUMENT# L06000000914

Entity Name: NEW WESTVIEW, LLC

Current Principal Place of Business:

C/O RICHARD N. KRINZMAN
1111 BRICKELL AVE., SUITE 2915
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O RICHARD N. KRINZMAN
1111 BRICKELL AVE., SUITE 2915
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-8598829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRINZMAN, ALAN E ESQ.
C/O ADORNO & YOSS LLP
2525 PONCE DE LEON BLVD., SUITE 400
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

KRINZMAN, ALAN E ESQ.
8930 S.W. 115TH TERRACE
MIAMI, FL 33176 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: ALAN E. KRINZMAN

10/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KRINZMAN, ALAN E
Address: 2625 PONCE DE LEON BLVD., SUITE 400
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: KRINZMAN, RICHARD N
Address: 1111 BRICKELL AVE., SUITE 2915
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KRINZMAN, ALAN E
Address: 8930 S.W. 115TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
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: ALAN E. KRINZMAN

MGR

10/24/2007

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