

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000006528

**FILED**  
**Nov 12, 2008**  
**Secretary of State**

**Entity Name:** AMERICAN PROPERTY GROUP VIII LLC

**Current Principal Place of Business:**

9350 SW 56TH ST  
MIAMI, FL 33165

**New Principal Place of Business:**

9352 S.W. 56 STREET  
MIAMI, FL 33165

**Current Mailing Address:**

9350 SW 56TH ST  
MIAMI, FL 33165

**New Mailing Address:**

9352 S.W. 56 STREET  
MIAMI, FL 33165

**FEI Number:** 20-5697797      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

DE MARCHENA, ISMAEL  
9350 S.W. 56 STREET  
MIAMI, FL 33165    US

**Name and Address of New Registered Agent:**

DE MARCHENA, ISMAEL  
9352 S.W. 56 STREET  
MIAMI, FL 33165    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: ISMAEL D MARCHENA

11/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: MARCHENA, ISMAEL D  
Address: 9350 SW 56TH CT  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change    ( ) Addition  
Name: MARCHENA, ISMAEL D  
Address: 9352 SW 56TH CT  
City-St-Zip: MIAMI, FL 33165

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: ISMAEL DE MARCHENA

MGRM

11/12/2008

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