2008 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT							
DOCUMENT # L06000010681 1. Entity Name TAMIAMI PINELAND V, LLC .				08 J	FILED UL -3 PH 1		
Principal Ptace of Business P.O. BOX 831472 MIAMI, FL 33283		Mailing Address P.O. BOX 831472 MIAMI, FL 33283		TALLAI	ASSEE, FLOR	* /5 */ <i>j</i> # in hum eng eng kumanan	H1 M (F1)
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			- ,				
			31472	07022008		CR2E101 (1/07)	
City & State Miermi Fla		Miemi Fla		4. FEI Numi	rmber		
33173	S Country	-33-283-1478	Country		e of Status Desired	55.00 Add Fee Require	
<u> </u>	6. Name and Address of Current F	7. Name and Address of New Registered Agent					
LAMCHICK, BRUCE 9130 S. DADELAND BLVD., SUITE 1101 MIAMI, FL 33156			Street Address (P.O. Box Number is Not Acceptable)				
WILLIAM, I L	33133	VY	101 City	40 S W	608	treet Zip Cook	
8 Thomboo	named anito substitution of the statement for	the oursess of changing its re		Vami	ath in the Ctate of El		1 子マー
8. The above named ontry submit 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							
SIGNATORE Signature Visitoria regret report of private regret and trile 4 applicable. (NOTE: Registrated Agent signature required when reinstating) OATE							
			307.193(2)(b), F.S., the limited of receive the prior notice.		Make check payable to Florida Department of State		
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE		☐ Delete	HILE MC	CM		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	Reyes - V	linas N	avielena † /Mia Fl	a 33173
TITLE		☐ Delete	TITLE	,	• • • • • • • • • • • • • • • • • • • •	☐ Change	Addition
STREET ADDRESS CTTY-ST-ZIP			NAME Street adoress City-St-Zip	ر 770	10/080102	654938 9013 **27	7.50
TITLE		☐ Delcte	THLE		··· ··· · · · · · · · · · · · · · · ·	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP		MEII1911	STREET ASSACSS CITY-ST-ZIP			<i></i>	
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			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 qualify empowered to execute this report as required by Chapter 608, Florida Statutes.							
7-7-08							
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