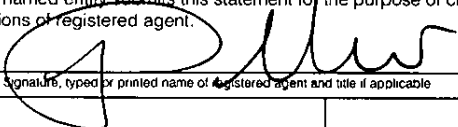


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN -8 PM 1:37

DOCUMENT # L06000036656 1. Entity Name BLACK MOUNTAIN RANCH, LLC			
Principal Place of Business 370 WEST CAMINO GARDENS BOULEVARD 3RD FLOOR BOCA RATON, FL 33432 US		Mailing Address 370 WEST CAMINO GARDENS BOULEVARD 3RD FLOOR BOCA RATON, FL 33432 US	
2. Principal Place of Business - No P.O. Box # 1655 SW 2nd Ave		3. Mailing Address 1655 SW 2nd Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33432		Zip 33432	
Country US		Country US	
4. FEI Number 20-4658999		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired 		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PORRELLO, JOSEPH A ESQ. 2929 SOUTHWEST THIRD AVENUE SUITE 320 MIAMI, FL 33129		7. Name and Address of New Registered Agent Name Porrello, Joseph A Esq. Street Address (P.O. Box Number is Not Acceptable) 2200 S. Dixie Hwy., Suite 702-A City Miami State FL Zip Code 33133	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 12/31/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete KIELAR, MARK A 370 W. CAMINO GARDENS BOULEVARD, 3RD FLOOR BOCA RATON, FL 33432		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
REINSTATEMENT 2008			
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit Kielar, MARK A 1655 SW 2nd Ave Boca Raton, FL 33432		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800139532888 01/06/09--01012--004 **138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit		

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

T Hampton JAN - 9 2009