

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000037003

**FILED**  
**Mar 21, 2008**  
**Secretary of State**

**Entity Name:** TREBOR NEW HAVEN, LLC

**Current Principal Place of Business:**

NORTHBRIDGE CENTRE  
515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

NORTHBRIDGE CENTRE  
515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

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

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

LEWIS, HAROLD L  
ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131 US

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

HAILE, SHAW & PFAFFENBERGER, P.A.  
660 U.S. HIGHWAY ONE  
3RD FLOOR  
NORTH PALM BEACH, FL 33408 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: OREN S. TASINI

03/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CUILLO, ROBERT S  
Address: 515 NORTH FLAGLER DRIVE, SUITE 808  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

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: ROBERT S. CUILLO

MGMR

03/21/2008

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