


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000064280</b> 1. Entity Name COLONIAL PELICAN, LLC	
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FILED  
 08 MAR -27 AM 7:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143	Mailing Address 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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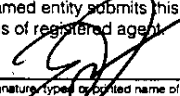
City & State Zip Country	City & State Zip Country
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03142008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent  LEVINE, TODD 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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8. The above named entity admits 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.

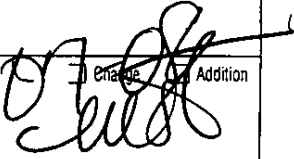
SIGNATURE  DATE 3/14/08

(NOTE: Registered Agent signature required when reinstating)

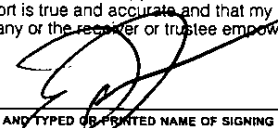
<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR HIGIER, GERALD M. 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL. 33143	
		MGR BOUCHER, MARC 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL. 33143	
		MGR LEVINE, TODD 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL. 33143	
		NAME 100120859721 STREET ADDRESS 03/20/08--01051--006 **277.50	

## REINSTATEMENT



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.

SIGNATURE:  DATE 3/14/08 DAYTIME PHONE # 305-666-2140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE