2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jul 16, 2008
Secretary of State

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Entity Name: PRINCETONIAN ASSOCIATES, L.L.C.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD PH
CORAL GABLES, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD
PH
CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD PH
CORAL GABLES, FL 33134

New Mailing Address:

2121 PONCE DE LEON BLVD
PH
CORAL GABLES, FL 33134

FEI Number: 20-5235466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA LLC
100 SE 2ND STREET STE 2900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA LLC
100 SE 2ND STREET
STE 2900
MIAMI, FL 33131 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: CHARLES J. RENNERT, VICE PRESIDENT 07/16/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: JL HOLDING CORP.,
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM ( ) Change (X) Addition
Name: STUART I. MEYERS FAM, ILY PARTNERSHI P , LTD.
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM ( ) Change (X) Addition
Name: M3, INC.,
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM ( ) Change (X) Addition
Name: MSM, INC.,
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

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: LEON J. WOLFE AR 07/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date