

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000075872

FILED
Nov 16, 2009
Secretary of State

Entity Name: VILLAGE CARVER II DEVELOPMENT, LLC

Current Principal Place of Business:

2950 S.W. 27TH AVENUE, SUITE 200
MIAMI, FL 33133

New Principal Place of Business:

150 SE 2ND AVE
1302
MIAMI, FL 33131

Current Mailing Address:

2950 S.W. 27TH AVENUE, SUITE 200
MIAMI, FL 33133

New Mailing Address:

150 SE 2ND AVE
1302
MIAMI, FL 33131

FEI Number: 20-5319839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER, 150 WEST FLAGLER STREET
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

LYNN, WASHINGTON C
4 MIDTOWN 3301 NE 1ST AVE
SUITE M-501
MIAMI, FL 33137 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: LYNN WASHINGTON

11/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BISCAYNE HOUSING GROUP LLC
Address: 150 S.E. SECOND AVENUE, STE. 1202
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: CDG, LLC
Address: 2950 S.W. 27TH AVENUE. STE 200
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GONZALO DERAMON

MGM

11/16/2009

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