

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000086238

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE ENCLAVE AT DORAL UNIT 207,LLC

Current Principal Place of Business:

11225 NW 62ND TERRACE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

11225 NW 62ND TERRACE
DORAL, FL 33178

New Mailing Address:

FEI Number: 03-0610406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GASPARD, MARIA T
11225 NW 62ND TERRACE
DORAL, FL 33178 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: MARIA TERESA GASPARD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GASPARD, JUAN J
Address: 11225 NW 62ND TERRACE
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: GASPARD, ANA M
Address: 11225 NW 62ND TERRACE
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: GASPARD, JUAN
Address: 11225 NW 62ND TERRACE
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: GASPARD, MARIA T
Address: 11225 NW 62ND TERRACE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

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

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

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: MARIA TERESA GASPARD

MGRM

04/07/2009

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