

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000103849

FILED
Sep 19, 2007
Secretary of State

Entity Name: HYPERION MANAGEMENT GROUP MARINA BLUE, LLC

Current Principal Place of Business:

724 NE 2ND AVENUE
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

724 NE 2ND AVENUE
MIAMI, FL 33132

New Mailing Address:

FEI Number: 20-8007985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

PARDO, GAINSBURG & BARROW
2 SOUTH BISCAYNE BLVD
2475
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

PARDO & GAINSBURG
2 SOUTH BISCAYNE BLVD
2475
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: ELISSA GAINSBURG

09/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VECSLER, ROBERT
Address: 724 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33132

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VECSLER, ROBERT
Address: 724 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33132

Title: MGR () Change (X) Addition
Name: DEGNAN, MICHAEL
Address: 724 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33132

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 VECSLER

MGR

09/19/2007

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