

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 19 PM 3:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # L06000105839 1. Entity Name CENTER LEGACY, LLC	
--	--

Principal Place of Business 121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600 CORAL GABLES, FL 33134	Mailing Address 121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600 CORAL GABLES, FL 33134
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11092007 REIN-LLC CR2E101 (1/07)	
4. FEI Number 20-8577004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RENTZ, R. LARRY 121 ALHAMBRA PLAZA PENTHOUSE 1, SUITE 1600 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	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
--	--	--

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	MORRIS, W. ALLEN
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	GIL, YAZMIN
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	GRAHAM, DALE I
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	RENTZ, R. LARRY
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800112376358 11/16/07--01026--003 **50.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* 11-9-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #