

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000114870

Entity Name: FFG II, LLC

FILED
Nov 17, 2008
Secretary of State

Current Principal Place of Business:

2222 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134

New Principal Place of Business:

269 GIRALDA AVENUE
SUITE 100
CORAL GABLES, FL 33134

Current Mailing Address:

2222 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134

New Mailing Address:

269 GIRALDA AVENUE
SUITE 100
CORAL GABLES, FL 33134

FEI Number: 26-0403763 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:

FRASER, ALEX
2222 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FRASER, ALEX
269 GIRALDA AVENUE
SUITE 100
CORAL GABLES, FL 33134 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: ALEX FRASER

11/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRASER, ALEX
Address: 2222 PONCE DE LEON BLVD., SUITE 301
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRASER, ALEX
Address: 269 GIRALDA AVENUE - SUITE 100
City-St-Zip: CORAL GABLES, FL 33134

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: ALEX FRASER

MGRM

11/17/2008

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