

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 21, 2008
Secretary of State

DOCUMENT# L06000120092

Entity Name: OCEAN VIEW HOLDINGS, LLC

Current Principal Place of Business:

16445 COLLINS AVENUE
WS-6B
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

2455 E. SUNRISE BLVD.
602
FORT LAUDERDALE, FL 33304

Current Mailing Address:

16445 COLLINS AVENUE
WS-6B
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

2455 E. SUNRISE BLVD.
602
FORT LAUDERDALE, FL 33304

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

RICHARD A. ARONSKY, P.A.
16850 COLLINS AVENUE
SUITE #105
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

FREDERIC BARTHE, P.A.
2455 E. SUNRISE BLVD.
602
FORT LAUDERDALE, FL 33304 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: FREDERIC BARTHE

05/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BLUE VIEW MANAGEMENT, CORP.
Address: 2455 E. SUNRISE BLVD., SUITE 602
City-St-Zip: FORT LAUDERDALE, FL 33304

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: FREDERIC BARTHE, AUTHORIZED AGENT

MGR

05/21/2008

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