

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000120766

Entity Name: JADE OCEAN 1203, LLC

FILED
Nov 01, 2007
Secretary of State

Current Principal Place of Business:

3500 MYSTIC POINTE DR. #3802
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3500 MYSTIC POINTE DR. #3802
AVENTURA, FL 33180

New Mailing Address:

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:

Name and Address of New Registered Agent:

WAGNER, ELISA
3500 MYSTIC POINTE DR. #3802
AVENTURA, FL 33180 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: ELISA WAGNE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WAGNER, ELISA
Address: 3500 MYSTIC POINTE DR. #3802
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: WAGNER, YOEL
Address: 3500 MYSTIC POINTE DR. #3802
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: PITCHON, MOISES
Address: 18151 NE 31 CT. #1001
City-St-Zip: AVENTURA, FL 33160

Title: MGRM () Delete
Name: PITCHON, ADELA
Address: 18151 NE 31 CT. #1001
City-St-Zip: AVENTURA, FL 33160

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: ELISA WAGNER

MGRM

11/01/2007

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