

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000002619

**FILED**  
**Jan 31, 2009**  
**Secretary of State**

**Entity Name:** RESIDENCES DU PATRIMOINE USA LLC

**Current Principal Place of Business:**

1850 S OCEAN DRIVE  
# 1910  
HALLANDALE BEACH, FL 33009 US

**Current Mailing Address:**

1800 S OCEAN DR. #1604  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

1800 S OCEAN DRIVE  
# 1604  
HALLANDALE BEACH, FL 33009 US

**New Mailing Address:**

1293 RUE DE LA COURTINE  
QUEBEC,, QC G2E-5Z9 CA

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AUDET, FRANCOIS  
1850 S OCEAN DRIVE  
# 1910  
HALLANDALE BEACH, FL 33009 US

**Name and Address of New Registered Agent:**

AUDET, FRANCOIS  
1 800 S OCEAN DR850IVE  
# 1604  
HALLANDALE BEACH, FL 33009 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: FRANCOIS AUDET

01/31/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AUDET, FRANCOIS  
Address: 1850 S OCEAN DRIVE # 1910  
City-St-Zip: HALLANDALE BEACH, FL 33009

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AUDET, FRANCOIS  
Address: 1800 S OCEAN DRIVE # 1604  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: FRANCOIS AUDET

PRES

01/31/2009

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