


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000041815		
1. Entity Name CENTURY INVESTORS LLC		

FILED

09 MAR 24 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2101 S.W. 151 PLACE MIAMI, FL 33185	Mailing Address 2101 S.W. 151 PLACE MIAMI, FL 33185
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2. Principal Place of Business - No P.O. Box # 3631 SW 17 ST Suite, Apt. #, etc.	3. Mailing Address 3631 SW 17 ST Suite, Apt. #, etc.
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03032009 REIN-LLC CR2E101 (1/07)

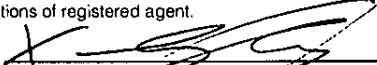
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33145	Country MIAMI DARE

4. FEI Number 77-0683209	Applied For Not Applicable
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6. Name and Address of Current Registered Agent GONZALEZ, GERARD 2101 S.W. 151 PLACE MIAMI, FL 33185	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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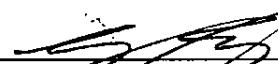
7. Name and Address of New Registered Agent	
Name GONZALEZ GERARDO	
Street Address (P.O. Box Number is Not Acceptable) 3631 SW 17 ST	
City MIAMI	FL 33145

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 	DATE

FILE NOW!!! FEE IS \$277.50	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, GERARDO 2101 S.W. 151 PLACE MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ GERARDO 3631 SW 17 ST MIAMI FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	MGRM 3/2/09 Date	786-315-7925 Daytime Phone #
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REINSTATEMENT 2008-09 JB