2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000085636

Entity Name: 820 HAVANA, LLC

Current Principal Place of Business:

300 MERIDIAN AVENUE, SUITE 6
MIAMI BEACH, FL 33139

New Principal Place of Business:

2800 E. COMMERCIAL BLVD,
209
FT. LAUDERDALE, FL 33308

Current Mailing Address:

300 MERIDIAN AVENUE, SUITE 6
MIAMI BEACH, FL 33139

New Mailing Address:

2800 E. COMMERCIAL BLVD,
209
FT. LAUDERDALE, FL 33308

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:

SHERMAN, THOMAS G ESQ PA
90 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LANG, IRA
2800 E. COMMERCIAL BLVD
209
FT LAUDERDALE, FL 33308 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: IRA LANG 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAVANA MANAGEMENT CORPORATION
Address: 300 MERIDIAN AVENUE, SUITE 6
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LANG, IRA
Address: 2800 E. COMMERCIAL BLVD, STE 209
City-St-Zip: FT. LAUDERDALE, FL 33139

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: IRA LANG MGRM 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date