

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Sep 30, 2009  
Secretary of State**

DOCUMENT# L08000078756

Entity Name: FLORIDA MS INVESTMENTS, LLC

**Current Principal Place of Business:**

C/O 1390 BRICKELL AVE. SUITE 200  
MIAMI, FL 33131

**New Principal Place of Business:**

**New Mailing Address:**

4995 NW 72 AVE  
208  
MIAMI, FL 33166

**Current Mailing Address:**

C/O 1390 BRICKELL AVE. SUITE 200  
MIAMI, FL 33131

FEI Number: 26-3210415      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

ALVARO CASTILLO B., P.A.  
1390 BRICKELL AVE.  
SUITE 200  
MIAMI, FL 33131 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: GENARO DIAZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: DIAZ, GENARO  
Address: C/O 1390 BRICKELL AVE. SUITE 200  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: MGR ( ) Change (X) Addition  
Name: ABA VENTURES LLC  
Address: 1201 BRICKELL AVE SUITE 200  
City-St-Zip: MIAMI, FL 33131

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: GENARO DIAZ

MGR

09/30/2009

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