


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L97000001030		
1. Entity Name BRICKELL MAIN STREET, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 22 AM 9:24

Principal Place of Business 701 BRICKELL AVENUE #1460 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVENUE #1460 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152007 REIN-LLC CR2E101 (1/07)

4. FEI Number 65-0838778	Applied For <input type="checkbox"/> Not Applicable
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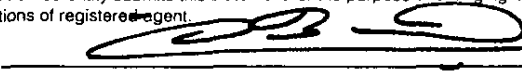
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SUMBERG, JOHN C PA 200 SOUTH BISCAYNE BLVD STE 2500 MIAMI, FL 33131	

7. Name and Address of New Registered Agent	
Name <u>Jacques Barbera</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>Bar Invest Management Services</u>	
<u>701 Brickell Ave.</u> <u>Suit 1460</u>	
City <u>Miami</u>	FL Zip Code <u>33131</u>

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



Jacques Barbera

Signature, typed or printed name of registered agent and title if applicable.

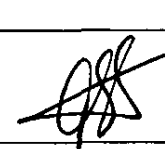
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

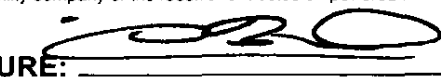
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSTRUCTA, INC. 1501 COLLINS AVENUE, THIRD FLOOR MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500086234513 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/25/07--01041--022 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BMS MANAGER, INC. 1501 COLLINS AVENUE, THIRD FLOOR MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FITIPALDI BRICKELL DEVELOPERS I, LLC 537 CRANDON BLVD, LAKE VILLA II KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRICKELL INVESTORS, INC. 505 PARK AVE, NINTH FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <u>06-07</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERLUX ONE COMPANY 520 BRICKELL KEY DR, STE O-305 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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

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.

SIGNATURE:



Jacques Barbera
President

Date

(305) 538-0135
X7024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE