


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 APR 29 PM 2: 20

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L98000000159</b> 1. Entity Name MIAMI GARDENS PARTNERS, L.C.	
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Principal Place of Business 99 NW 183 STREET, #115 120 N. MIAMI BEACH, FL 33169	Mailing Address 99 NW 183 STREET, #115 120 N. MIAMI BEACH, FL 33169
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip      Country	City & State  Zip      Country
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03142005    REIN-LLC    CR2E101 (6/04)

6. Name and Address of Current Registered Agent  ROSENFELD, DANIEL 99 NW 183 STREET, #115 120 N. MIAMI BEACH, FL 33169		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$200.00**



9. MANAGING MEMBERS/MANAGERS	
TITLE NAME	MGR E.P.A. MANAGEMENT, INC. <input type="checkbox"/> Delete
STREET ADDRESS	<del>98 NW 183RD ST #120</del>
CITY - ST - ZIP	<del>N. MIAMI BEACH, FL 33169</del>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Daniel Rosenfeld
CITY - ST - ZIP	99 NW 183rd St., #115 120 North Miami Beach, FL 33169
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

400053074064  
04/29/05--01016--009    \$205.00

#200-Add  
#5-CC

REINSTATEMENT 2004-05

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_      4/15/05      305-652-7576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #