2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 11 AM 8:28

DOCUMENT # L99000001990

1. Entity Name
MIAMI RIVER APARTMENTS, L.L.C.

Principal Place of Business	Mailing Address
2500 S.W. 3RD AVENUE MIAMI, FL 33129	2500 S.W. 3RD AVENUE MIAMI, FL 33129

03022005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
2889 McFarlane Road	2889 McFarlane Road
Suite, Apt. #, etc. 2001	Suite, Apt. #, etc. 2001
City & State Coconut Grove, Florida	City & State Coconut Grove, Florida
Zip 33133 Country USA	Zip 33133 Country USA

4. FEI Number 65-0926383 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MICHAEL B
~~2500 S.W. 3RD AVENUE~~ 2889 McFarlane Rd, #2001
~~MIAMI, FL 33129~~ Coconut Grove, FL, 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 [signature] 3-8-5
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	MGR SMITH, MICHAEL B 2500 S.W. 3RD AVENUE MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MGR Michael B. Smith 2889 McFarlane Rd., #2001 Coconut Grove, FL, 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 04-05 98
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700048849807 03/22/05--01028--023 **100.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Michael B. Smith [signature] Manager 305-441-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #