

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000002388

FILED
Dec 01, 2008
Secretary of State

Entity Name: ATLANTIC BLUE SEAS, L.C.

Current Principal Place of Business:

18851 NE 29TH AVENUE
SUITE 901
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AVENUE
SUITE 901
MIAMI, FL 33180

New Mailing Address:

FEI Number: 65-0925758 **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:

WILLNER, ROBIN I ESQ
C/O ROTH, RASSO, KATSMAN & SCHNEIDER LLP
18851 NE 29TH AVE., SUITE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ROUSSO, MARK
C/O ROTH, ROUSSO, KATSMAN LLP
18851 NE 29TH AVE., SUITE 900
AVENTURA, FL 33180 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: MARK ROUSSO

12/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: APARTMENTS AND LAND, MANAGEMENT, LL C
Address: 18851 NE 29TH AVENUE, SUITE 901
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: APARTMENT AND LAND M, ANAGEMENT, LLC
Address: 18851 NE 29TH AVENUE, SUITE 901
City-St-Zip: MIAMI, FL 33180

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: MARK ROUSSO

MGR

12/01/2008

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