

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000004188

FILED
Apr 24, 2007
Secretary of State

Entity Name: PLANTATION CENTER PARTNERS LLC

Current Principal Place of Business:

777 BRICKELL AVE., SUITE 1200
MIAMI, FL 33131

New Principal Place of Business:

18646 NW 67TH AVENUE
MIAMI, FL 33015

Current Mailing Address:

777 BRICKELL AVE., SUITE 1200
MIAMI, FL 33131

New Mailing Address:

18646 NW 67TH AVENUE
MIAMI, FL 33015

FEI Number: 65-0957234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVENSHON, IRA
777 BRICKELL AVE., SUITE 1200
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LEVENSHON, IRA M
18646 NW 67TH AVENUE
MIAMI, FL 33015 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: IRA LEVENSHON

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEWIN, NATHAN
Address: WURZER STRABE 17
City-St-Zip: 80539 MUNCHEN, GERMANY,

Title: MGRM () Delete
Name: LEVENSHON, IRA M
Address: 777 BRICKELL AVENUE, SUITE 1200
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LEVENSHON, IRA M
Address: 18646 NW 67TH AVENUE
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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: IRA M LEVENSHON

MGRM

04/24/2007

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