

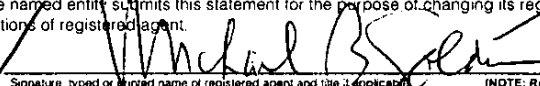


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L99000004298 1. Entity Name ABC BUILDING AGENCY, L.C.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">08 APR -2 PM 4:25</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 14445 NE 20TH LANE NORTH MIAMI, FL 33181		Mailing Address 14445 NE 20TH LANE NORTH MIAMI, FL 33181				<div style="font-size: 3em; font-weight: bold; transform: rotate(-10deg);">67</div>  <div style="font-size: 0.8em; margin-top: 10px;">03172008 REIN-LLC CR2E101 (1/07)</div>	
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	
4. FEI Number 65-0949297				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146	
7. Name and Address of New Registered Agent Name Michael B. Goldstein Street Address (P.O. Box Number is Not Acceptable) Goldstein, Schechter Price, et al. 2121 Ponce de Leon Blvd., Suite 1100 City Coral Gables FL Zip 33134						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  DATE 3/25/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$377.50				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TEQUESTA TRUST <input type="checkbox"/> Delete 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100121944931 04/03/08--01002--001 **377.50		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAZOR TRUST <input type="checkbox"/> Delete 2121 PONCE DE LEON BLVD SUITE 1100 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALUSA TRUST <input type="checkbox"/> Delete 2121 PONCE DE LEON BLVD SUITE 1100 CORAL GABLES, FL 33134			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		
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		
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		
<div style="text-align: center;"> <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">2007-2008</div> </div>							
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 				Date 3/25/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							