

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L99000007209

1. Entity Name
729 DEVELOPMENT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:11

Principal Place of Business
2730 W. TRADE AVENUE
MIAMI, FL 33133

Mailing Address
P.O. BOX 829
COCONUT GROVE, FL 33233 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

09202006 REIN-LLC CR2E101 (11/05)

4. FEI Number
65-0965825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIN, NANCY ESQ.
2345 SW 28TH STREET
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name Peter Hilb
Street Address (P.O. Box Number is Not Acceptable)
2730 W. Trade Ave
City Coconut Grove FL Zip Code 33133

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 P. Hilb member DATE 10-10-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$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

TITLE MGR ☐ Delete
NAME HILB, PETER
STREET ADDRESS 2730 W. TRADE AVENUE
CITY-ST-ZIP MIAMI, FL 33133

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
400081115244
10/23/06--01034--017 **\$0.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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REINSTATEMENT 2006

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: P. Hilb member DATE 10-10-06 305-444-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #