2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# M03000000104

Entity Name: CAI COMPASS INSTITUTIONAL SERVICES, LLC

Current Principal Place of Business:

1111 BRICKELL AVENUE, 11TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

3211 PONCE DE LEON BLVD
SUITE 101
CORAL GABLES, FL 33134

Current Mailing Address:

1111 BRICKELL AVENUE, 11TH FLOOR
MIAMI, FL 33131

New Mailing Address:

3211 PONCE DE LEON BLVD
SUITE 101
CORAL GABLES, FL 33134

FEI Number: 36-4125240 **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:

KELLY, EDWARD A
1111 BRICKELL AVENUE, 11TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

KELLY, EDWARD A
3211 PONCE DE LEON BLVD.
SUITE 101
CORAL GABLES, FL 33134 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: EDWARD KELLY 04/27/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MEYER, JOSEPH K
Address: 888 SW FIFTH AVENUE
City-St-Zip: PORTLAND, OR 97204

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MEYER, JOSEPH K
Address: 3211 PONCE DE LEON BLVD., #101
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD KELLY FINO 04/27/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date