FILED

05 OCT 25 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000000361

* Entity Name
RITZ PLAZA, LLC

000060928940

10132005 REIN-LLC CR2E101 (6/04)

Principal Place of Business	Mailing Address
4100 MACARTHUR BLVD., SUITE 200 NEWPORT BEACH, CA 92660	4100 MACARTHUR BLVD., SUITE 200 NEWPORT BEACH, CA 92660

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 57-1198459 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Jeanine Reynolds as its agent DATE 10-25-05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required in all circumstances)

FILE NOW!!! FEE IS $150.00
for January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MAKAR SOUTH BEACH INVESTORS, LLC 4100 MACARTHUR BLVD., SUITE 200 NEWPORT BEACH, CA 92660	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2005	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BK	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

By: SIGNATURE: SAMUEL H. WEINBAUM 10/14/05 949.644.1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPORATION SERVICE COMPANY®

M04 000000361

ACCOUNT NO. : 072100000032

REFERENCE : 669515 4312431

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 155.00

ORDER DATE : October 24, 2005

ORDER TIME : 9:10 AM

ORDER NO. : 669515-005

CUSTOMER NO: 4312431

DOMESTIC FILINGS

FILED
05 OCT 25 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME: RITZ PLAZA, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY
XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____