

OCT-19-2005 WED 12:13 PM

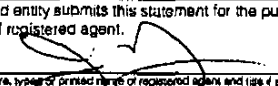
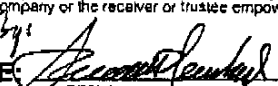
FAX NO. 3

P. 01

FILED

05 OCT 25 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # M04000000361			
Entity Name RI TZ PLAZA, LLC			
Principal Place of Business 4100 MACARTHUR BLVD., SUITE 200 NEWPORT BEACH, CA 92660		Mailing Address 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
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  Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature is required for reinstatement.)		Jeanine Reynolds as its agent DATE 10-25-05	
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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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 808, Florida Statutes.			
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 10/14/05 949.644.1975	

000060328340



10132005 REIN-LLC CR2E101 (6/04)

4. FEI Number
57-1198459 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

REINSTATEMENT 2005



CORPORATION SERVICE COMPANY

M 04 000000361

ACCOUNT NO. : 072100000032

REFERENCE : 669515 4312431

AUTHORIZATION :

COST LIMIT : \$ 155.00

Patricia Pigato

ORDER DATE : October 24, 2005

ORDER TIME : 9:10 AM

ORDER NO. : 669515-005

CUSTOMER NO: 4312431

DOMESTIC FILINGS

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 _____

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