

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000001579			
1. Entity Name LH FERNANDO LLC		AUG -5 PM 11:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 5178 PRIVET PLACE, APT B DELRAY BEACH, FL 33484		Mailing Address 5178 PRIVET PLACE, APT B DELRAY BEACH, FL 33484	
2. Principal Place of Business - No P.O. Box # 901 SW 5th Street Suite, Apt. #, etc.		3. Mailing Address c/o TRG Mgmt. 2828 Coral Way, #101 Suite, Apt. #, etc.	
City & State Miami, FL Zip: 33130 Country: USA		City & State Miami, FL Zip: 33145 Country: USA	
4. FEI Number 20-1303068		Applied For <input 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 SLAVET, JEFFREY 5178 PRIVET PLACE, APT B DELRAY BEACH, FL 33484		7. Name and Address of New Registered Agent Name: same Street Address (P.O. Box Number is Not Acceptable): c/o TRG Mgmt. 2828 Coral Way, #101 City: Miami FL Zip Code: 33145	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: SLAVET, JEFFREY STREET ADDRESS: 5178 PRIVET PLACE, APT B CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE: 529 5TH AVE NAME: 144. 144. 10017 STREET ADDRESS: 1065 Avenue of the Americas CITY-ST-ZIP: New York, NY 10018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 200134363222 08/12/08--01014--012 **277.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-	<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-	<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-	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
POSTED FEB 13 2008 Accounting Dept.			
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			