


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000001580		
1. Entity Name LH BUENA VISTA LLC		

Principal Place of Business 5178 PRIVET PLACE, APT B DELRAY BEACH, FL 33484	Mailing Address 5178 PRIVET PLACE, APT B DELRAY BEACH, FL 33484
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2. Principal Place of Business - No P.O. Box # 521 SW 6th Street Suite, Apt. #, etc.	3. Mailing Address c/o TRG Mgmt. 2828 Coral Way, #101 Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33121	Zip 33145
Country USA	Country USA

AUG -5 PM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



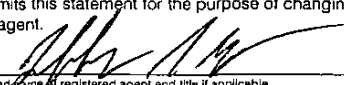
02122008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-1302923	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SLAVET, JEFFREY 5178 PRIVET PLACE, APT B DELRAY BEACH, FL 33484
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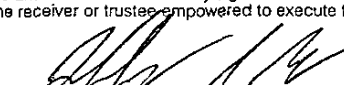
7. Name and Address of New Registered Agent Name: same Street Address (P.O. Box Number is Not Acceptable) c/o TRG Mgmt. 2828 Coral Way, #101 City: Miami State: FL Zip Code: 33145

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

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.	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLAVET, JEFFREY 5178 PRIVET PLACE, APT B DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	529 5TH AVE N.Y. N.Y. 10017 1065 Avenue of the Americas New York, NY 10018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700134363197 08/12/08--01014--011 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 61-08

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #