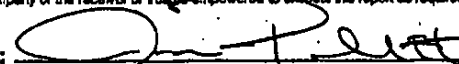


FILED
07 MAY 14 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # M05000001854			
1. Entity Name LB T-REX AQUA VISTA LLC			
Principal Place of Business C/O LEHMAN BROTHERS INC. 745 7TH AVENUE NEW YORK, NY 10019		Mailing Address C/O LEHMAN BROTHERS INC. 745 7TH AVENUE NEW YORK, NY 10019	
2. Principal Place of Business - No P.O. Box # C/O T-Rex Capital LLC Suite, Apt. #, etc. 5000 T-Rex Ave, Suite 160 Boca Raton, FL		3. Mailing Address C/O T-Rex Capital Suite, Apt. #, etc. 5000 T-Rex Ave, St. 160 Boca Raton, FL	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431		Zip 33431	
Country USA		Country USA	
4. FEI Number APPLIED FOR 20-2742186		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 South Dadeland Blvd., Suite 508 City Miami FL Zip Code 33158	
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.		DATE 5/11/07 President	
FILE NOW! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM PANI LLC 745 7TH AVENUE NEW YORK, NY 10019		10010254251 05/18/07-01007-014 *205.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Managing Member T-Rex Aqua Vista LLC 5000 T-Rex Ave, St. 160 Boca Raton, FL 33431			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		5/11/07 961-989-2400 Daytime Phone #	

REINSTATEMENT 2006-2007