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

BK

Principal Place of Business	Mailing Address
C/O LEHMAN BROTHERS INC. 745 7TH AVENUE NEW YORK, NY 10019	C/O LEHMAN BROTHERS INC. 745 7TH AVENUE NEW YORK, NY 10019

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o T-Rex Capital LLC	c/o T-Rex Capital
Suite, Apt. #, etc.: 5000 T-Rex Ave, Suite 160	Suite, Apt. #, etc.: 5000 T-Rex Ave, St. 160
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

05092007 REIN-LLC CR2E101 (1/07)

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 33156

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] President 5/11/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: PANI LLC STREET ADDRESS: 745 7TH AVENUE CITY-ST-ZIP: NEW YORK, NY 10019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Managing Member NAME: T-Rex Aqua Vista LLC STREET ADDRESS: 5000 T-Rex Ave, St 160 CITY-ST-ZIP: Boca Raton, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT 2006-2007

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] 5/11/07 561-989-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #