


2006 LIMITED LIABILITY COMPANY REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -9 PM 11:16

DOCUMENT # M05000002252 1. Entity Name VIZCAYA MANAGER, LLC	
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Principal Place of Business 640 N. OLD WOODWARD SUITE 302 BIRMINGHAM, MI 48009	Mailing Address 640 N. OLD WOODWARD SUITE 302 BIRMINGHAM, MI 48009
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2. Principal Place of Business 1520 Royal Palm Sq. Blvd Suite, Apt. #, etc. Suite #210	3. Mailing Address 1520 Royal Palm Sq. Blvd. Suite, Apt. #, etc. Suite #210
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10252006 REIN-LLC CR2E101 (11/05)

City & State Fort Myers, FL Zip 33919 Country USA	City & State Fort Myers, FL Zip 33919 Country USA
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4. FEI Number 20-2673593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

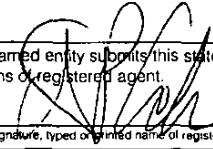
6. Name and Address of Current Registered Agent

NORTON, SAM D
 1819 MAIN STREET
 SUITE 610
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **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  Steven P. Adler, Authorized Agent DATE 10-25-06

(NOTE: Registered Agent signature required when reinstating)

<p>FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00</p>	<p>In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.</p>	<p>Make check payable to Florida Department of State</p>
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9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: RUBIN, DAVID C STREET ADDRESS: 640 N. OLD WOODWARD CITY-ST-ZIP: BIRMINGHAM, MI 48009	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:  Steven P. Adler, Authorized Rep. Date 10/25/06 Daytime Phone # 239-790-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE