

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000004188

FILED
Oct 08, 2007
Secretary of State

Entity Name: SUMMER COVE MEZZ, LLC

Current Principal Place of Business:

14160 PALMETTO FRONTAGE ROAD
21
MIAMI LAKES, FL 33016

New Principal Place of Business:

14160 PALMETTO FRONTAGE ROAD
10
MIAMI LAKES, FL 33016

Current Mailing Address:

14160 PALMETTO FRONTAGE ROAD
21
MIAMI LAKES, FL 33016

New Mailing Address:

14160 PALMETTO FRONTAGE ROAD
10
MIAMI LAKES, FL 33016

FEI Number: 20-5217209 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VILARELLO, ALEJANDRO ESQ
14160 PALMETTO FRONTAGE ROAD
21
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

VILARELLO, ALEJANDRO ESQ
14160 PALMETTO FRONTAGE ROAD
10
MIAMI LAKES, FL 33016 US

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.

SIGNATURE: ALEJANDRO VILARELLO

10/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRESTIGE BUILDERS PA, RTNERS, LLC
Address: 2159 CORAL WAY, SUITE B
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEJANDRO VILARELLO

MGMR

10/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date