

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 20 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M07000002402			
1. Entity Name BHI VISTA LAGO, LLC			
Principal Place of Business 3930 N.E. 2ND AVENUE, STE 200 MIAMI, FL 33137		Mailing Address 3930 N.E. 2ND AVENUE, STE 200 MIAMI, FL 33137	
2. Principal Place of Business - No P.O. Box # 3900 Pembroke Road Suite, Apt. #, etc. Suite A		3. Mailing Address 3900 Pembroke Road Suite, Apt. #, etc. Suite A	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33021		Zip 33021	
Country		Country	
4. FEI Number 20-8871055		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DENBERG, MICHAEL B 294 ALHAMBRA CIRCLE, STE 001 CORAL GABLES, FL 33134 <i>Delete</i>		7. Name and Address of New Registered Agent Name SKRLD, INC Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, S:1102 City Coral Gables FL Zip Code 33134	
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 <i>[Signature]</i> DATE 11-14-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$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			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BHI VISTA LAGO HOLDINGS, LLC 9990 N.E. 2ND AVENUE, STE 200 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3900 Pembroke Road, Suite A Hollywood, FL 33021
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 100138009811 11/17/08--01057--004 **138.75
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
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
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: <i>[Signature]</i> DATE 11-14-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

REINSTATEMENT of *AL*