## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCUMENT # MI2DOOOD2944  1. Limited Liability Company's Name L11000062770 Oleta Partners, LLC  2. Principal Office Address - No P.O. Box # 3390 Mary Street 3390 Mary Street 3390 Mary Street Suite, Apt. #, etc. Suite 200 City & State Coconut Grove, FL  Zip Country Countr	3 <b>:</b> !43, 75
1. Limited Liability Company's Name L4100062779 Oleta Partners, LLC  2. Principal Office Address - No P.O. Box # 3390 Mary Street 3390 Mary Street Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 200 City & State Coconut Grove, FL  Zip Country 33133 USA  Name and Address of Current Registered Agent Name  Silve, Apt. Mary CR2E041 (1/11)  4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida May 27, 2  6. FEI Number 46-2617597  7. CERTIFICATE OF STATUS DESIRED  S5.00 Addition for a Certification of the Country State Certification of the Certification of the Country State Certification of the Cer	3 243, 75
L11000062770   Oleta Partners, LLC	<del>3</del> 243, 75
Oleta Partners, LLC  2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3390 Mary Street 3390 Mary Street 4. State/Country of Formation Delaware  Suite, Apt. #, etc. Suite 200  City & State Coconut Grove, FL  Zip Country Zip Country 12p Country 33133 USA  Name and Address of Current Registered Agent  Name  Since Address 10/09/1301039007 ***2  A. State/Country of Formation Delaware  5. Date Organized or Qualified To Do Business in Florida May 27, 2  6. FEI Number 46-2617597  7. CERTIFICATE OF STATUS DESIRED  \$55.00 Addition for a Certificate OF STATUS DESIRED  S50.00 Addition for a Certificate OF STATUS DESIRED  S50.00 Addition for a Certificate OF STATUS DESIRED  E-mail Address:	∃ ?43, 75
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3390 Mary Street 4. State/Country of Formation  Suite, Apt. #, etc.  Suite 200  City & State  Coconut Grove, FL  Zip  Zip  Country  USA  Suite Apt. #, etc.  Coconut Grove, FL  Zip  Country  Country  Suite Apt. #, etc.  Suite 200  5. Date Organized or Qualified To Do Business in Florida  May 27, 2  6. FEI Number 46-2617597  7. CERTIFICATE OF STATUS DESIRED  S5.00 Addition for a Certificate of Status Desired  Name  Name and Address of Current Registered Agent  Name  E-mail Address:	
Suite, Apt. #, etc.  Suite 200  City & State  Coconut Grove, FL  Zip  Country  USA  Name and Address of Current Registered Agent  Suite, Apt. #, etc.  Suite 200  Suite 200	
Suite 200  City & State Coconut Grove, FL  Zip Country	
City & State  Coconut Grove, FL  Zip  Country  USA  Country  State  Coconut Grove, FL  Zip  Country  Country  Country  Country  Country  State  Coconut Grove, FL  Zip  Country  Country  To Do Business in Florida IVIAY 27, 20  6. FEI Number  46-2617597  7. CERTIFICATE OF STATUS DESIRED  State  For a Certificate OF STATUS DESIRED	0044
COCONUT Grove, FL COCONUT Grove, FL 46-2617597  Zip Country USA 33133 USA  8. Name and Address of Current Registered Agent Name  Registered Agent  E-mail Address:	2011
Zip Country 33133 USA  8. Name and Address of Current Registered Agent Name  Country  T. CERTIFICATE OF STATUS DESIRED  For a Certificate OF STATUS DESIRED  S5.00 Addition for a Certificate OF STATUS DESIRED  For a Certificate OF STATUS DESIRED  For a Certificate OF STATUS DESIRED  S5.00 Addition for a Certificate OF STATUS DESIRED  For a Certificate OF STATUS DESIRED  For a Certificate OF STATUS DESIRED  S5.00 Addition for a Certificate OF STATUS DESIRED  For a Certificate OF STATUS DES	Applied For Not Applicable
Name E-mail Address:	onal Fee required ficate of Status
E-iliali Address.	
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Street Address (P.O. Box Number is Not Acceptable)	
3390 Mary Street Suite, Apt. #, Etc.	
Suite 200 m.fundora@swerdlow.com	
City Coconut Grove,  State Zip Code FL 33133  (To be used for future annual repo	ort notices)
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	Ort Hotices)
Registered Agent	<u></u>
REGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each City / State / 7to	
Managing Members Managers Managing Member Manager , , ,	
MGR LS Oleta Manager, LLC 3390 Mary Street Suite 200 Miami, FL 33	3133
MGRM Brett Dill 3390 Mary Street Suite 200 Miami, FL 33	3133
ELG7 0 1 130	
2546 A 2 T30	
OCT 1 0 2013 REINSTATEMENT 2013	
L. SELLERS	2
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S. fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the sam if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817  Signature of Managing  Member/Manager  Date  Date  Daytime Phone # 305 442 6530	3