2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 23, 2006
Secretary of State

DOCUMENT# P04000116090

Entity Name: THE RESIDENCES 103-8/ 104-8-07-04 CORP.

Current Principal Place of Business:

2100 PONCE DE LEON BOULEVARD, SUITE 600
CORAL GABLES, FL 33134

New Principal Place of Business:

2600 DOUGLAS RD.
SUITE 1100
CORAL GABLES, FL 33134

Current Mailing Address:

2100 PONCE DE LEON BOULEVARD, SUITE 600
CORAL GABLES, FL 33134

New Mailing Address:

2600 DOUGLAS RD.
SUITE 1100
CORAL GABLES, FL 33134

FEI Number: 20-1466603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GURIAN, JORGE
2100 PONCE DE LEON BOULEVARD, SUITE 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GURIAN, JORGE
2600 DOUGLAS RD.
SUITE 1100
CORAL GABLES, FL 33134 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: JORGE GURIAN 08/23/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: COLMAN, CASTOR
Address: 2100 PONCE DE LEON BOULEVARD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: COLMAN, CASTOR
Address: 2600 DOUGLAS RD. SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASTOR COLMAN DPS 08/23/2006
Electronic Signature of Signing Officer or Director Date