

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 19 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



<b>DOCUMENT # L06000105839</b> 1. Entity Name CENTER LEGACY, LLC	
--	--

Principal Place of Business 121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600 CORAL GABLES, FL 33134	Mailing Address 121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600 CORAL GABLES, FL 33134
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11092007 REIN-LLC CR2E101 (1/07)	
4. FEI Number <b>20-8577004</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  RENTZ, R. LARRY 121 ALHAMBRA PLAZA PENTHOUSE 1, SUITE 1600 CORAL GABLES, FL 33134	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2008, Fee will be \$100.00	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	
TITLE	MGR <input type="checkbox"/> Delete
NAME	MORRIS, W. ALLEN
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	GIL, YAZMIN
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	GRAHAM, DALE I
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	RENTZ, R. LARRY
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>800112376358</b>
CITY-ST-ZIP	<b>11/16/07--01026--003 **50.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

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: *[Signature]* 11-9-07  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #