


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 22 AM 10:45


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000558 1. Entity Name WILSON & READ ASSET MANAGEMENT, LLC	
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Principal Place of Business 111 EAST FAIRBANKS AVENUE, SUITE 100 WINTER PARK, FL 32789	Mailing Address 111 EAST FAIRBANKS AVENUE, SUITE 100 WINTER PARK, FL 32789
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2. Principal Place of Business 1977 DUNDEE DR Suite, Apt. #, etc.	3. Mailing Address 1977 DUNDEE DRIVE Suite, Apt. #, etc.
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City & State WINTER PARK FL	City & State WINTER PARK FL		
Zip 32792	Country US	Zip 32792	Country US



11182004 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent READ, ALEXANDER 111 EAST FAIRBANKS AVENUE, SUITE 100 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1977 DUNDEE DRIVE City WINTER PARK FL Zip Code 32792
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR READ, ALEXANDER 111 E FAIRBANKS AVE., STE 100 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEXANDER READ 1977 DUNDEE DRIVE WINTER PARK FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, DARRELL 111 E FAIRBANKS AVE., STE 100 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042926904 11/22/04--01048--006 **\$50.00 <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 exemption stated in Section 119.07(3)(i), 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: A. Read 11/17/04 4016292746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #