

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2003 UBR--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -3 PM 3:18

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DOCUMENT # L01000003258

1. Limited Liability Company's Name

GILCO REALTY, L.C.

2. Principal Office Address 18001 Collins Avenue		3. Mailing Office Address 18001 Collins Avenue	
Suite, Apt. #, etc. 31st Floor		Suite, Apt. #, etc. 31st Floor	
City & State Sunny Isles Beach, FL		City & State Sunny Isles Beach, FL	
Zip 33160	Country USA	Zip 33160	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 03/02/2001	
6. FEI Number 800030727	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Ronald R. Fieldstone	400020427094
Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle	06/03/03--01079--001 ***0.00
Suite, Apt. #, Etc. 601	
City Coral Gables	State FL
	Zip Code 33134

9. Being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date 5/27/03
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Michael Dezer	8701 Collins Avenue	Miami Beach, FL 33154
MGRM	Neomi Dczertzov	8701 Collins Avenue	Miami Beach, FL 33154
MGR	Gil Dezer	18001 Collins Avenue, 31st Floor	Sunny Isles Beach, FL 33160

11. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when this filing requirement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 603.406, F.S., and that all taxes 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 same legal effect as if made under oath.

Signature of Managing Member/Manager *[Signature]* Date 5/27/03 Daytime Phone # 305-936-9191

Type or printed name of signing Managing Member/Manager Gil Dezer