	PLEASE READ	ALL INSTRUCTIONS BEFO	RE COMPLETING THIS FORM,
С	ED LIABILITY COMPANY ISTATEMENT	FLORIDA DEPARTMENT OF ST Secretary of State DIVIDION OF CORPORATIONS	FILE
	JMENT # Liability Company's Name	L UU U U U	SECRETARY OF STATE
BARTOW PLAZA LLC .			TOPIE
_		9/26/63	MY.
2. Principal Office Address 16 E. 34TH STREET		3. Mailing Office Address 16 E. 34TH STREET	4. State/Country of Formation
Suite, Apt. #, etc. SUITE 1600		Suite, Apt. #, etc. SUITE 1600	FLORIDA 5. Date Organized or Qualified
City & State		City & State	To Do Business in Florida 3/22/02
NEW YORK, NY		NEW YORK, NY	6. FEI Number 637008 Applied For Not Applicable
10016	· · · · · · · · · · · · · · · · · · ·	10016 USA	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
		8. Name and Address of Current F	Registered Agent
	UNITED CORPORATE SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. 9200 SOUTH DADELAND BLVD.		
	Suite, Apt. #, Etc. SUITE 508		
	City MIAMI		State Zip Code FL 33156
9. I, being Signature o Registered	Agent Zul	- 111	with and accept the obligations of Chapter 608, F.S. Date 2/3/2004
10. Name	es and Street Addresses of Managing Mer	mbers/Managers	
Titles	Name of Managing Members/Manag	Street Address ers Managing Membe	
MGR	GABRIEL JEIDEL	16 EAST 34TH STRE	EET, STE. 1600 NEW YORK, NY 10016
RENSTATEMENT 2003-2004			
7.8		8K	
filing the all fees as if managing Managing M	his reinstatement application the reason fo s owed by the limited liability company hav nade under oath.	r dissolution has been eliminated, the limited liabile been paid. The information indicated on this ap	this application as provided for in chapter 608, F.S. I further certify that when illity company name satisfies the requirements of section 608.406, F.S., and that oplication is true and accurate, and my signature shall have the same legal effect to the same legal effect. The Daytime Phone # 2128894477