


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000024871

1. Entity Name
155 AMADEUS, LLC



FILED
04 OCT 18 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
58 MARINA GARDENS DRIVE
PALM BEACH GARDENS, FL 33410

Mailing Address
58 MARINA GARDENS DRIVE
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
c/o PERDORTH Properties Inc
125 W Indianatown Rd
STE 204

City & State
Jupiter FL

Zip Country
FL 33458

10152004 REIN-LLC CR2E101 (6/04)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMBY, LOUIS L III, ESQ
ALLEY, MAASS, ROGERS & LINDSAY
321 ROYAL POINCIANA PLAZA SOUTH
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE _____
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		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	PVST FRANK, ROBERT L 58 MARINA GARDENS DRIVE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600041939616 10/18/04--01072--001 **200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2004

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: _____ **10/14/04** **301-626-1700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #