

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LO2000034055**

FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LO2000034055**

**1. Limited Liability Company's Name**

**FIRST FLORIDA ASSET MANAGEMENT LLC**

**2. Principal Office Address**

**6542 HYPOLEXO RD**

Suite, Apt. #, etc.

**# 284**

City & State

**LAKE WORTH FL**

Zip

**33467**

Country

**3. Mailing Office Address**

**6542 HYPOLEXO RD**

Suite, Apt. #, etc.

**# 284**

City & State

**LAKE WORTH FL**

Zip

**33467**

Country

**4. State/Country of Formation**

**FLORIDA**

**5. Date Organized or Qualified To Do Business in Florida**

**12/18/02**

**6. FEI Number**

**81-0586411**

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**

**\$3.00 Additional Fee required for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

**CAROTE, BEATRIZ M ESQ**

Street Address (P.O. Box Number is Not Acceptable)

**799 BRICKELL PLAZA, SUITE 700**

Suite, Apt. #, Etc.

**200823816382**  
**10/15/03--01048--002 \*\*150.00**

City

**MIAMI FL 33131**

State

**FL**

Zip Code

**9. I, 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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

**10-14-03**

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FURSTEIN ADAM C	6542 HYPOLEXO RD. #284	LAKE WORTH FL 33467

**REINSTATEMENT** 03  
*dec*

**11. I certify that I am managing member/manager, trustee or receiver empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees 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

*[Handwritten Signature]*

Date **10-14-03**

Daytime Phone # **858-663-0730**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)