2005 LIMITED LIABILITY COMPANY REINSTATEMENT

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition TO Change Addition Addition TO Change Addition TO Ch	REINSTATEMENT						SECRETA	ILLU.		
Principal Place of Business	1. Entity Name NE 2ND AVENUE, LLC						05 DEC 30	AH 9:	IAIE भारताड 39	
Suite, Apt. #, etc. Suite, Apt. #, etc. 10062005 REIN-LLC CR2E101 (8/04)	215 NORTH	FEDERAL HIGHWAY, SUITE #1	Mailing Address 215 NORTH FEDERAL		Y, SUITE #1					
City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Pere Required Street Address of New Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zip Code City FL	2. Principal P	lace of Business	3. Mailing Address							
The Address of Country Zip Country S. Certificate of Status Desired \$5. Certificate of Status Desired \$5. Certificate of Status Desired \$5. Certificate of Status Desired \$6. Name and Address of Country \$6. Name and Address of New Registered Agent \$7. Name and Address of New Registered A	Suite, Apt. #, etc.		Suite, Apt. #, etc.		10062005	REIN-LLC	CR2E	101 (6/04)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. ITHE MOWNIT FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 Florida Department of State ITHE MARK STRET ADDRESS OCT. STATE OR ADDITIONS / CHANGES ITHE ADDRESS OCT. STATE OR ADDITIONS / CHANGES OCT. STATE OCT.	City & State		City & State		4. FEI Numb	er		/1		
BATMASIAN, JAMES H 215 NORTH FEDERAL HIGHWAY, SUITE #1 BOCA RATON, FL 33432 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 FILE NOWILI FEE IS \$150.00 ARter January 1, 2006, Fee will be \$200.00 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 111E NAWE STREET ADDRESS CITY-ST-2P 110F 110F 110F 110F 110F 110F 110F 11	Zip	Country Zip C		Coun	try	5. Certificate	e of Status Desired	\$5.00 Additional		
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or printed name of registered agent and state if applicable. PILE NOWILL FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00 After January 1, 2006, Fee will be \$200.00 ITILE MARK MARK BATMASIAN, JAMES H SIREET ADDRESS CITY-ST-2P Delate TITLE MARK STREET ADDRESS CITY-ST-2P TITLE MARK STREET ADDRESS CITY-ST-2P Delate TITLE Delate TITL					City			FL	Zip Code	
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11. I hereby certify that the information supplied with the filling 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 the important management of the limited liability company or the receiver or trusted impowered to execute this report as required by Chapter 608, Florida Statutes.										
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