

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Nov 21, 2005
Secretary of State**

DOCUMENT# L04000088096

Entity Name: GILI MANAGEMENT II, LLC

Current Principal Place of Business:

2585 NATURES WAY
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2585 NATURES WAY
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIZZA, JENNIFER
2585 NATURES WAY
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JENNIFER LIZZA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIZZA, JENNIFER
Address: 2585 NATURES WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: LIZZA, SCOTT
Address: 2585 NATURES WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JENNIFER LIZZA

MGRM

11/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date