

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood,
 Secretary of State
 DIVISION OF CORPORATIONS

2004 Annual Report

DOCUMENT # **L99000006469**

FILED

2004 AUG 23 P 4: 06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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LILTON REALTY LLC
 C/O WILLIAM WEST
 4 PARK AVE., 3RD FLOOR
 NEW YORK NY 10016-5315

2. New Mailing Address
 City, State, Zip

4. State/Country of Formation
FL

Principal Place of Business
C/O MANDEL & RESNIK
220 EAST 42ND STREET
NEW YORK NY 10017

5. Date Organized or Qualified To Do Business in Florida
10/07/1999

3. New Principal Place of Business Address
4 PARK AVE 3RD FL
 City, State, Zip
NEW YORK, NY 10016

6. FEI Number
58-2532888
 Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

10. 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 **SIGNATURE REQUIRED** Date
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	WEST, WILLIAM	C/O CHARLES H. GREENTHAL, 4 PARK AVENUE	NEW YORK NY 10016
MEM	WEST, BERNARD	C/O CHARLES H. GREENTHAL, 4 PARK AVE.	NEW YORK NY 10016

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 01/16/04 01035 017
 150.00

12. I hereby resign as a managing member/manager of the receiver or trustee and, provided I execute this application as provided on page 10 of this form, I am not liable for any debt or liability of the company that is incurred after the date of this application. The receiver or trustee, however, is liable for any debt or liability of the company that is incurred before the date of this application. If the receiver or trustee is not a resident of Florida, the receiver or trustee shall be liable for any debt or liability of the company that is incurred before the date of this application.

Signature of Managing Member/Manager **William West** Date **12/3/03**

CORP2004 (7/03)