2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 01, 2004
Secretary of State

DOCUMENT# L03000008864

Entity Name: 1959 CADILLAC LLC

Current Principal Place of Business:

C/O 1500 BONNIE BURN CIRCLE
WINTER PARK, FL 32789

New Principal Place of Business:

C/O 1607 ALOMA AVENUE
WINTER PARK, FL 32789

Current Mailing Address:

C/O 1500 BONNIE BURN CIRCLE
WINTER PARK, FL 32789

New Mailing Address:

C/O 1607 ALOMA AVENUE
WINTER PARK, FL 32789

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FINANCIAL SYSTEMS MANAGEMENT, INC.
C/O 1500 BONNIE BURN CIRCLE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

FINANCIAL SYSTEMS MANAGEMENT, INC.
C/O 1607 ALOMA AVENUE
WINTER PARK, FL 32789 US

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: FINANCIAL SYSTEMS MGMT., INC. 11/01/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: FINANCIAL SYSTEMS MG, MT INC
Address: C/O 1607 ALOMA AVENUE
City-St-Zip: WINTER PARK, FL 32789

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: FINANCIAL SYSTEMS MGMT INC MGR 11/01/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date