

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC -3 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003132					
1. Entity Name MARDER & GONZALEZ, LLC					
Principal Place of Business 200 EAST LAS OLAS BOULEVARD, SUITE 1440 FT. LAUDERDALE, FL 33301			Mailing Address 200 EAST LAS OLAS BOULEVARD, SUITE 1440 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address <div style="font-size: 1.2em; font-family: cursive;">31 Curtis Path</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <div style="font-size: 1.2em; font-family: cursive;">East Northport, NY</div>			
Zip	Country	Zip	Country		
11731					
6. Name and Address of Current Registered Agent GONZALEZ-GOETZ, LISA ESQ. 200 EAST LAS OLAS BOULEVARD, SUITE 1440 FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ 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 <u>LISA GONZALEZ-GOETZ</u> <u>11-30-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARDER, LILLI W 200 EAST LAS OLAS BOULEVARD, SUITE 1440 FT. LAUDERDALE, FL 33301 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em; font-family: cursive;">600043170326</div> <div style="font-size: 1.2em; font-family: cursive;">12/03/04--01036--001 **50.00</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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11. I hereby certify that the information supplied with this filing 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 that my 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: <u>Lisa Marder</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="font-size: 1.2em; font-family: cursive;">11/30/04</div> <small>Date</small> <small>Daytime Phone #</small>		