

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000000896

1. Entity Name
GRANTA CAPITAL GROUP LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 19 PM 1:43

Principal Place of Business 110 WALL STREET, 8TH FLOOR NEW YORK, NY 10005	Mailing Address 110 WALL STREET, 8TH FLOOR NEW YORK, NY 10005
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11052008 REIN-LLC CR2E101 (1/07)



4. FEI Number 13-4174795	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., STE. 508
MIAMI, FL 33156

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 Francis J. Duff

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	<input type="checkbox"/> Delete
MGR	SKY CAPITAL HOLDINGS LTD. 110 WALL STREET, 8TH FLOOR NEW YORK, NY 10005	<input type="checkbox"/>
TITLE	NAME	<input type="checkbox"/> Delete
TITLE	NAME	<input type="checkbox"/> Delete
TITLE	NAME	<input type="checkbox"/> Delete
TITLE	NAME	<input type="checkbox"/> Delete
TITLE	NAME	<input type="checkbox"/> Delete
TITLE	NAME	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	700138011327 11/17/08--01060--018 **238.75	<input type="checkbox"/>
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2008

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Francis J. Duff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #