

~~FLORIDA DEPARTMENT OF STATE~~

FOR REINSTATEMENT

FILED

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11/07/02--01074--005 **150.00

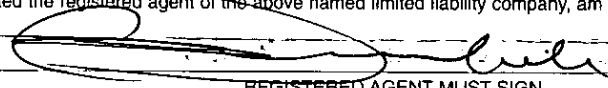
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

777 SOUTH FLAGLER DRIVE

SUITE 140

WEST PALM BEACH FL 33401-6102

2. New Mailing Address City, State, Zip _____		4. State/Country of Formation FL																													
Principal Place of Business 777 SOUTH FLAGLER DRIVE SUITE 140 WEST PALM BEACH FL 33401		5. Date Organized or Qualified To Do Business in Florida 02/02/2001																													
3. New Principal Place of Business Address City, State, Zip _____		6. FEI Number 65-1091012																													
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																													
8. Name and Address of Current Registered Agent DEMBEK, CHRISTOPHER J 777 SOUTH FLAGLER DRIVE SUITE 140 WEST PALM BEACH FL 33401		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  Date <u>11/1/02</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																															
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>HARRIS TRUST/BANK OF MONTREAL</td> <td>777 SOUTH FLAGLER DRIVE</td> <td>WEST PALM BEACH FL 33401</td> </tr> <tr> <td>MGRM</td> <td>STILLMAN, ALICE TRUSTEE</td> <td>777 SOUTH FLAGLER DRIVE</td> <td>WEST PALM BEACH FL 33401</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	HARRIS TRUST/BANK OF MONTREAL	777 SOUTH FLAGLER DRIVE	WEST PALM BEACH FL 33401	MGRM	STILLMAN, ALICE TRUSTEE	777 SOUTH FLAGLER DRIVE	WEST PALM BEACH FL 33401																
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CR2F084 (8/02)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of _____
Managing Member/Manager

Date 12/23/02 Daytime Phone # 561-833-6610

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER V. HARRIS TRUST / BANK OF AMERICA