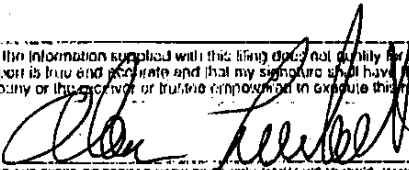


**2004 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

2004 DEC -6 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003524					
1. Entity Name LUCHNICK M PROPERTIES, LLC					
Principal Place of Business 8539 NW 56TH ST MIAMI, FL 33166 20940 NE 37th Ct. Aventura, FL 33180		Mailing Address 8539 NW 56TH ST MIAMI, FL 33166 20940 NE 37th Ct. Aventura, FL 33180			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11152004 REIN-LLC CR2E101 (6/04)	
City & State		City & State		4. FEI Number 65-1084830	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCHNICK, ALAN T 8539 NW 56TH ST MIAMI, FL 33166 20940 NE 37th Ct. Aventura, FL 33180				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 _____ (Print name of person signing and title if applicable) (Print name of Registered Agent if required when reinstating) DATE					
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	T LUCHNICK, ALAN 525 W 50TH ST MIAMI, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCHNICK, ALAN 20940 NE 37th Ct. Aventura, FL 33180	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCHNICK, JOSELYN 17191 GRAND BAY DR DOCA RATON, FL 33496	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEAVITT, LAUREN 421 20TH ST SANTA MONICA, CA 90402	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not comply for the exemption stated in Section 119.07(3)(b), 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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			11/15/04 1-305-682-1596		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE DAYTIME PHONE #		