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	Mailing Address
~~8539 NW 56TH ST~~ ~~MIAMI, FL 33166~~ 20940 NE 37th Ct Aventura, FL 33180	~~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
City & State	City & State
Zip / Country	Zip / Country

11152004 REIN-LLC CR2E101 (6/04)

4. FEI Number
65-1064830
Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUCHNICK, ALAN T ~~8539 NW 56TH ST~~ ~~MIAMI, FL 33166~~ 20940 NE 37th Ct. Aventura, FL 33180	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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (REQUIRED: Registered Agent signature required when reinstating)

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	MG-RM 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 BOCA 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	08/31/04--90032--027--$50.00	☐ 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 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: _____ 12/15/04 1-305-682-1596
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #