## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Ç	ED LIABII OMPANY STATEME			8	DEPARTMEI Secretary of S		04	FILE MAR-8 F		
DOCUMENT # L0200000 2053							SECRETARY OF STATE TALLAHASSEE FLORIDA			
1. Limited Liability Company's Name BRONZE WALL DEVELOPMENT LLC							ł			
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2. Principal Office Address 2430 Inagua Avenue				3. Mailing Office Address SAME			4. State/Country of Formation			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			Florida - USA  5. Date Organized or Qualified To Do Business in Florida 01/28/2002			
City & State				=City & State =			6. FEI Number Applied For			
Miami, FL			Zip Country			✓ Not Applicable				
33133	, ,					CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			tional Fee required tificate of Status	
8. Name and Address of Current Registered Agent										
	Christopher MacLeod						4	וב חחח	00021	
	Street Address (P.O. Box Number is Not Acceptable) 2430 Inagua Avenue						03/	08/04010	023024	** <b>2</b> 05.00
20 m	Suite, Apt. #, Etc.								. <u>,</u>	
A ALL CA PROPERTIES	City of Mismircal Assessment and the City of Control of						AND TO COME	State Zip C	ode 133	<u>(** )                                  </u>
9. 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  REGISTERED AGENT MUST SIGN										CR2E041 (10/02)
<b>10.</b> Name	es and Street Ad	ddresses of N	lanaging Mer	nbers/Managers						
Titles	Name of Managing Members/Managing			Street Address of Ear ers Managing Member/Man						
Mr.	Christopher MacLeod / N			16P 2430 Inagua Avenue			Miami, FL 33133			
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11-1 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 Manager  Date 3 4 04 Daytime Phone # 205-970-97197  Typed or printed name of signing Managing Member/Manager										