


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT \*

DOCUMENT # L02000006804		
1. Entity Name ZBG MORTGAGE, L.L.C.		

FILED

04 OCT 25 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

Principal Place of Business 1260 PELICAN LANE HOLLYWOOD, FL 33019	Mailing Address 1260 PELICAN LANE HOLLYWOOD, FL 33019
---	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 126 Golden Beach Drive		Suite, Apt. #, etc. 126 Golden Beach Drive	
City & State GOLDEN BEACH, FLA		City & State Golden beach, FLA	
Zip 33160	Country USA	Zip 33160	Country USA

10212004 REIN-LLC CR2E101 (6/04) 10/25

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GEDULD, BETH 126 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33019		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 Beth G DATE 10/20/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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	MGR GEDULD, BETH 1260 PELICAN LANE HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BETH GEDULD 126 Golden Beach Drive Golden beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042159948 10/25/04--01071--003 **\$0.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

w/o finalty fees

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: Beth G Mgr DATE 10/21/04 305-345-7757

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