

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

0011674

DOCUMENT # L02000017296

1. Entity Name
1990 ROOSEVELT, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 14 AM 10:46

11/26

Principal Place of Business: P.O. BOX 1527, KEY WEST FL 33041
Mailing Address: P.O. BOX 1527, KEY WEST FL 33041

REINSTATEMENT 2003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country

3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 32-0022968
Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GUTTENMACHER, EDWARD P ESO
2600 DOUGLAS ROAD, PH 8
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): 800024019358
City: [Blank] FL Zip Code: 10/22/03--01058--012 **150.00

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: [Signature] Reg Agent DATE: 11/13/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROSSI, MARK	
STREET ADDRESS	P.O. BOX 1527	
CITY-ST-ZIP	KEY WEST FL 33041	

REINSTATEMENT 2003

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] SIGNATURE REQUIRED Mark Rossi 10/21/03 305296-5513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)