

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000018322

**FILED**  
**Oct 04, 2004**  
**Secretary of State**

**Entity Name:** ENDOLUMINAL TECHNOLOGY RESEARCH, LLC

**Current Principal Place of Business:**

1865 79TH STREET, SUITE 7-H  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

1865 79TH STREET CAUSEWAY  
SUITE 7-H  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

1865 79TH STREET, SUITE 7-H  
MIAMI BEACH, FL 33141

**New Mailing Address:**

3813 DRUMMOND STREET  
HOUSTON, TX 77025

**FEI Number:** 11-3646247      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PANIAGUA, DAVID  
1865 79TH STREET, SUITE 7-H  
MIAMI BEACH, FL 33141    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: PANIAGUA, DAVID  
Address: 1865 79TH STREET SUITE 7 H  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID PANIAGUA

MGR

10/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date