

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000023678

FILED
Oct 21, 2004
Secretary of State

Entity Name: CITYWORLD, L.L.C.

Current Principal Place of Business:

2875 N.E. 191ST STREET, SUITE 901A
TURNBERRY PLAZA
AVENTURA, FL 33180

New Principal Place of Business:

17100 COLLINS AVE.
#223
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

2875 N.E. 191ST STREET, SUITE 901A
TURNBERRY PLAZA
AVENTURA, FL 33180

New Mailing Address:

17100 COLLINS AVE.
#223
SUNNY ISLES BEACH, FL 33160

FEI Number: 82-0582303 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

SERBER, DANIEL J
2875 N.E. 191ST STREET, SUITE 901A
TURNBERRY PLAZA
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

PRIBIL, JOHN
17100 COLLINS AVE.
#223
SUNNY ISLES BEACH, FL 33160 US

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: JOHN PRIBIL

10/21/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PRIBIL, JOHN
Address: 7000 ISLAND BLVD. 2403
City-St-Zip: AVENTURA, FL 33160

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: JOHN PRIBIL

MGRM

10/21/2004

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