

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 JAN -4 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L03000002622					
1. Entity Name GOTHAM INVESTORS, LLC					
Principal Place of Business 458 ADDISON PARK LANE BOCA RATON, FL 33496			Mailing Address 458 ADDISON PARK LANE BOCA RATON, FL 33496		
2. Principal Place of Business		3. Mailing Address 16480 MADDALENA PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State DELRAY BEACH, FLORIDA			
Zip	Country	Zip	Country	4. FEI Number 90-0061182	
		33446		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CUCCOLO, ANTHONY 458 ADDISON PARK LANE BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name ROBERT HAMMER Street Address (P.O. Box Number is Not Acceptable) 16480 MADDALENA PLACE City DELRAY BEACH FL Zip Code 33446		
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 ROBERT HAMMER (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUCCOLO, ANTHONY 458 ADDISON PARK LANE BOCA RATON, FL 33496 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT HAMMER 16480 MADDALENA PLACE DELRAY BEACH, FLORIDA 33446	
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 500043844395 01/04/05--01003--001 **150.00	
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	
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 	
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: ROBERT HAMMER DATE _____ Daytime Phone # _____					