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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -8 AM 9: 12

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #   L03000006985

1. Limited Liability Company's Name
Cannondale Properties LLC

CR2E041 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
450 N Park Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Hollywood, FL	

Zip	Country	Zip	Country
33021			

4. State/Country of Formation   **FL**

5. Date Organized or Qualified To Do Business in Florida   **2/26/2003**

6. FEI Number   **51-0466518**   Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Marc Gueron

Street Address (P.O. Box Number is Not Acceptable)
450 N. Park Road

Suite, Apt. #, Etc.

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12/08/06 --01062--012 **255.00

City	State	Zip Code
Hollywood	**FL**	33021

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent   X _____   Date   **11/21/2006**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Marc Gueron	450 N. Park Road	Hollywood, FL 33021
MGRM	Nava Gueron	450 N. Park Road	Hollywood, FL 33021
		REINSTATEMENT 04-06	

11.   I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager   X _____   Date **11/21/06**   Daytime Phone # **954-893-0003**

Typed or printed name of signing Managing Member/Manager   **MARC GUERON**