

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000016098

Entity Name: 1704 CONTINUUM L.L.C.

**FILED**  
**Aug 23, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

300 SOUTH POINTE DRIVE, UNIT 1706  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

100 SOUTH POINTE DRIVE, UNIT 1704  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

300 SOUTH POINTE DRIVE, UNIT 1706  
MIAMI BEACH, FL 33139

**New Mailing Address:**

99 NESBIT STREET  
PUNTA GORDA, FL 33950

FEI Number: 20-0046510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST 2ND STREET, SUITE 2900  
MIAMI, FL 33131 US

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

EMERICH, GUY S  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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: GUY S. EMERICH

08/23/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: EHRLICH, DAVID  
Address: 100 SOUTH POINT DRIVE, APT. 1704  
City-St-Zip: MIAMI BEACH, FL 33139 US

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 EHRLICH

MGRM

08/23/2005

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