


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000020249		
1. Entity Name MADISON AVENUE MANAGEMENT, LLC		

FILED

2004 DEC 27 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 222 LAKEVIEW AVENUE SUITE 160 133 WEST PALM BEACH, FL 33401 US	Mailing Address 222 LAKEVIEW AVENUE SUITE 160 133 WEST PALM BEACH, FL 33401 US
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------



2. Principal Place of Business	3. Mailing Address 222 LAKEVIEW AV 133
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. 133
City & State	City & State W. Palm Beach FL
Zip Country	Zip Country 33401

11182004 REIN-LLC CR2E101 (6/04)

4. FEI Number 16-1671424	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent CORPORATION-SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
-----------------------------------------------------------------------------------------------------------------------------

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
----------------------------------------------------------------------------------------------------------------------------------

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 <u>R Mackin</u> Signature, typed or printed name of registered agent and title if applicable.	DATE 12-12-04 (NOTE: Registered Agent signature required when reinstating)

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	MGRM MACKIN, ROBYN R 222 LAKEVIEW AVENUE, SUITE 160 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300043651823 12/27/04--01088--014 **150.00 <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
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
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 04

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: <u>R Mackin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 12-12-04 702 204 0341 Date Daytime Phone #