2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000028319

Entity Name: TEQUENDAMA ENTERPRISES L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
P.O. BOX 450752 SUNRISE, FL 33345	8350 SANDS POINT BLV E-207 TAMARAC, FL 33321

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 450752 SUNRISE, FL 33345	

FEI Number: 47-0932025   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)
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:	**Name and Address of New Registered Agent:**
MONTAGNO, JOHN FREDDY 8350 SANDS POINT BLVD., #E207 TAMARAC, FL 33321 US	MONTAGNO, JOHN FREDDY 8350 SANDS POINT BLVD., #E207 TAMARAC, FL 33321 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 FREDDY MONTAGNO   10/28/2004
_____
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MONTAGNO, JOHN FREDDY	Name:	
Address:	P.O. BOX 450752	Address:	
City-St-Zip:	SUNRISE, FL 33345	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MUNOZ, HUGO	Name:	
Address:	P.O. BOX 450752	Address:	
City-St-Zip:	SUNRISE, FL 33345	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 FREDDY MONTAGNO   MGR   10/28/2004
_____
           Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date