



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000049372 1. Entity Name 1119 WHITE STREET, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 NOV 29 AM 9:45	
Principal Place of Business 1119 WHITE STREET KEY WEST, FL 33040				Mailing Address 10 CHELMSFORD DRIVE MUTTONTOWN, NY 11545			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SMITH, WAYNE L 333 FLEMING STREET KEY WEST, FL 33040				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 _____				_____ 11-15-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZDANOW, NIKITA 10 CHELMSFORD DRIVE MUTTONTOWN, NY 11545			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200061747402 11/29/05--01028--021 **55.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: Nikita Zdanow				MGR 11/5/05 (917) 860-7077			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			