
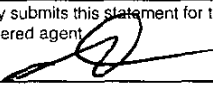
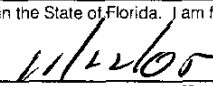
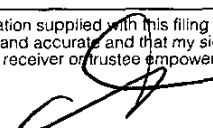


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# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000049432</b> 1. Entity Name <b>AGS PROPERTIES LLC</b>						200061678032 11/23/05--01034--017 **50.00	
Principal Place of Business <b>9858 GLADES RD 112 BOCA RATON, FL 33434 US</b>				Mailing Address <b>9858 GLADES RD 112 BOCA RATON, FL 33434 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country				City & State  Zip Country			
4. FEI Number <b>APPLIED FOR</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>NEWMAN, JILL 10 FAIRWAY DR 204 210 DEERFIELD BEACH, FL 33441</b>				7. Name and Address of New Registered Agent  Name Street Address (P. O. Box Number is Not Acceptable) City <b>FL</b> 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 				DATE 			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00</b>				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
<b>Make check payable to Florida Department of State</b>							
<b>9. MANAGING MEMBERS / MANAGERS</b>							
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NATHAN, ALAN			NAME			
STREET ADDRESS	9858 GLADES RD #112			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONE, GORDON			NAME			
STREET ADDRESS	9858 GLADES RD #112			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NATHAN, STUART			NAME			
STREET ADDRESS	9858 GLADES RD #112			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
<b>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.</b>							
SIGNATURE: 				DATE: 