

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000050233

**FILED**  
**Dec 15, 2005**  
**Secretary of State**

**Entity Name:** AMRAM, LLC

**Current Principal Place of Business:**

GB RESORT CONDOMINIUM, 455 GRAND DRIVE  
UNIT 581  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

GB RESORT CONDOMINIUM, 455 GRAND DRIVE  
UNIT 581  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 61-1461665      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

LALO, HAIM  
GB RESORT CONDOMINIUM, 455 GRAND DRIVE  
UNIT 581  
KEY BISCAYNE, FL 33149 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: HAIM LALO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAIM, LALO  
Address: GB RESORT CONDOMINIUM, UNIT 581  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HAIM, LALO  
Address: 200 WEST 79 STREET PHL  
City-St-Zip: NEW YORK, NY 10024 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: HAIM LALO

MGRM

12/15/2005

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