

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000016537

Entity Name: 177 MAIN STREET LLC

FILED
Nov 17, 2006
Secretary of State

Current Principal Place of Business:

5600 WISCONSIN AVE, APT 1509
CHEVY CHASE, MD 20815

New Principal Place of Business:

Current Mailing Address:

5600 WISCONSIN AVE, APT 1509
CHEVY CHASE, MD 20815

New Mailing Address:

FEI Number: 20-2971069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALK, GARY
515 N FLAGLER DR, 18TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: GARY WALK

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MEMB () Delete
Name: SHARIGAN, SIKE
Address: 5600 WISCONSIN AVENUE, APT. 1509
City-St-Zip: CHEVY CHASE, MD 20815 US

Title: MEMB () Delete
Name: GORDY, DIANE
Address: 5600 WISCONSIN AVENUE, APT. 1509
City-St-Zip: CHEVY CHASE, MD 20815 US

Title: MEMB () Delete
Name: CAPANO, JR., LOUIS J
Address: 6373 NORTH OCEAN BOULEVARD
City-St-Zip: OCEAN RIDGE, FL 33435 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SIKE SHARIGAN

PRES

11/17/2006

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