

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000020864

FILED
Nov 08, 2007
Secretary of State

Entity Name: GRYPHON ASSET MANAGEMENT LLC

Current Principal Place of Business:

101 PLAZA REAL SOUTH #401
BOCA RATON, FL 33432

New Principal Place of Business:

79 WHEATFIELD DRIVE
PALM COAST, FL 32164

Current Mailing Address:

101 PLAZA REAL SOUTH #401
BOCA RATON, FL 33432

New Mailing Address:

706 PEPPERIDGE ROAD
MAHWAH, NJ 07430

FEI Number: 20-0875242 **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:

SPIEGEL & UTRERA, P.A.
101 PLAZA REAL SOUTH #401
4TH FLOOR
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

FREDERICK J BIRKS
79 WHEATFIELD DRIVE
PALM COAST, FL 32164 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: FREDERICK J BIRKS

11/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BIRKS, FREDERICK J
Address: 101 PLAZA REAL SOUTH #401
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BIRKS, FREDERICK J
Address: 79 WHEATFIELD DRIVE
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify 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: FREDERICK J BIRKS

MGRM

11/08/2007

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