

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 10:13



05112006 REIN-LLC CR2E101 (11/05)

DOCUMENT # L04000065728					
1. Entity Name KAHN LINCOLN PALMS, LLC					
Principal Place of Business 381 PARK AVENUE SOUTH, SUITE 1420 NEW YORK, NY 10016			Mailing Address 381 PARK AVENUE SOUTH, SUITE 1420 NEW YORK, NY 10016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input checked="" type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent PHILIPS, DAVID ESQ 1800 SUNSET HARBOUR DRIVE, SUITE 1410 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name FX MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN RD. Suite # 66 City MIAMI BEACH FL Zip Code 33139		
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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 Marc Benware **Marc Benware**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
FX MANAGEMENT, INC. DATE **5/17/06**

FILE NOW!!! FEE IS \$200.00 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: XAHN 5/15/06 212-684-7079 x19
 Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #