

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 AUG 20 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08142007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L04000075986 1. Entity Name GAMMERLER LLC					
Principal Place of Business 930 MUIRFIELD DRIVE HANOVER PARK, IL 60103			Mailing Address 930 MUIRFIELD DRIVE HANOVER PARK, IL 60103		
2. Principal Place of Business - No P.O. Box # 2906 Corporate Way		3. Mailing Address 206 N. Casey Key Road			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Palmetto, FL		City & State Osprey, FL		4. FEI Number 20-1776790	
Zip 34221		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34229		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ICARD, MERRILL, CULLIS, ET AL ATTN: F. THOMAS HOPKINS, ESQ. 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. ICard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.					
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.			DATE 8/14/07 (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$100.00			In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAMMERLER, GUNTER 930 MUIRFIELD DRIVE HANOVER PARK, IL 60103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2906 Corporate Way Palmetto, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800108700638 08/28/07--01018--018 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 06-07 <input type="checkbox"/> Change <input 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 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 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 type="checkbox"/> Addition	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 8/14/07 Daytime Phone # 941-953-8109		
F. Thomas Hopkins					