



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 29 AM 9:07

DOCUMENT # L05000015533 1. Entity Name 5796 GULL ROAD, LLC					
Principal Place of Business 720 BAYSHORE DR #705 FORT LAUDERDALE, FL 33304			Mailing Address 720 BAYSHORE DR #705 FORT LAUDERDALE, FL 33304		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 88 UNIVERSITY PLACE Suite, Apt. #, etc. 8 th FLOOR City & State NEW YORK, NEW YORK Zip Country 10003 USA			
4. FEI Number 84-1671863				12282006 REIN-LLC CR2E101 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GICHON-STRAUSS, ELISE 138 GREENS RD HOLLYWOOD, FL 33021			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. SIGNATURE <u>Elise Gichon Strauss</u> 12/27/06 DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASKEY, GERALD 720 BAYSHORE DR #705 FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000082906290 01/02/07--01043--004 **150.00	
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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: <u>Gerald Laskey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DEC. 28, 2006 927(97)494-7449 <small>Date Daytime Phone #</small>		