

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

08 JAN 24 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PK*



01232008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000068322		
1. Entity Name 1760, LLC		

Principal Place of Business 211 BERMUDA LANE PALM BEACH, FL 33480	Mailing Address 211 BERMUDA LANE PALM BEACH, FL 33480
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2. Principal Place of Business - No P.O. Box # <b>201 West 52nd Street</b>	3. Mailing Address <b>201 West 52nd Street</b>
Suite, Apt. #, etc. <b>3rd Floor</b>	Suite, Apt. #, etc. <b>3rd Floor</b>

City & State <b>New York, NY</b>	City & State <b>New York, NY</b>
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Zip <b>10019</b>	Country <b>USA</b>	Zip <b>10019</b>	Country <b>USA</b>
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401	

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	<b>Larry B. Alexander, Manager</b>	DATE <b>1/23/08</b>

**FILE NOW!!! FEE IS \$377.50**

Make check payable to:  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager</b> <b>Edmund Abramson</b> <b>201 W. 52nd St. 3rd FL</b> <b>New York, NY 10019</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager</b> <b>Paul A. Grillo</b> <b>201 W. 52nd St. 3rd FL</b> <b>New York, NY 10019</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600116459466</b> <b>01/30/08--01034--004 **377.50</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT 2007-2008**

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 606, Florida Statutes.

SIGNATURE: <i>Brian D. Kennedy</i>	Date <b>1/23/08</b>	Daytime Phone #
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**Brian D. Kennedy, Authorized Representative**