2008 LIMITED LIABILITY COMPANY REINSTATEMENT

KEINS I A I EMEN I						1	
DOCUMENT # L06000068322  1. Entity Name 1760, LLC					OB JAN 24  SECRETARY TALLAHASSEE	LED PM 4:33	
Principal Place of Business Mailing Address				•	] <b> </b>	S/A3	
211 BERMUDA LANE 211 BERMUDA I			A LANE			FLODIE	
PALM BEACH, FL 33480 PALM BEACH, FL 3348			80	$A \supset$	111	°11/0 <sub>4</sub>	
,			O /		I PRITE ENIRI IPIDE INTE IIEIE IIEER	(() ( <b>? )</b> )	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address							
1			_		4 ILDI(8)( 6); OJI(J OJ)( OD()) 63(() 06)	!	
Suite, Apt.		201 West 52nd Street Suite, Apt. #, etc.		-			
3rd F1		3rd Floor		01232008 REIN-LLC	CR2E101 (1/07)		
City & Stat		City & State		4. FEI Number	XX Applie	ed For	
New York, NY		New York, NY			Not A	pplicable	
Žip	Country	Zip	Cour	•	5. Certificate of Status Desired	☐ \$5.00 Additio	nat
10019	USA	10019	US	A		Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JONES FO	DETER SERVICE 11.0		Name				
JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE, SUITE 1100				Street Address (P.O. Box Number is Not Acceptable)			
	LM BEACH, FL 33401	.00					
ļ	•						
				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 Larry B. Alexander, Manager 1/23/08 Signatury by 50 or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FIL	E NOW!!! FEE IS \$377.50			14/	Florida	check payable to s Department of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.	<del>* ./*</del>	ADDITIONS/		S. C. C. G. C.
TITLE	Manager	☐ Delete	ĪΠL	£		Change [	Addition
NAME	Edmund Abramson		NAM	AE	6001164	ITG466	
201 W. JZIIG SC. SIG FL				EET ADORESS	01/30/0801034	B04 **377.9	50 l
CITY-ST-ZIP	New York, NY 10019			(-ST-ZIP	01.00.00 0100.		
TITLE	Manager	Delete	TITL	1		Change [	Addition
NAME	Paul A. Grillo		NAM	ret address			ĺ
STREET ADDRESS CITY-ST-ZIP	201 W. 52nd St. 3r			-ST-ZIP			
	New York, NY 10019		-		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ Delete	FITL NAM	·		Change C	] Addition
NAME STREET ADDRESS				EET ADDRESS		_	i
CITY-ST-ZIP							
TITLE			4	A ch = 2 3 1- 7 1	12007-	- ) ( I I I I I I I I I I I I I I I I I I	Addition
NAME		"REIN		E EMEN	LUVI	CAAD	_ Augitivii
STREET ADDRESS		FFEETE	STRE	ET ADDRESS		<del></del>	
CITY-ST-ZIP			CITY	- ST- ZIP			
TITLE		☐ Delete	īЛU	E		☐ Change ☐	Addition
NAME			NAM	Æ		_	ļ
STREET ADDRESS				EET ADDRESS			1
CITY-ST-ZIP			CITY	-ST-ZIP			
TITLE		☐ Delete	TITU			Change [	Addition
NAME			NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
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: 1/23/08							
SIGNALURE:  District AND TYPES ON DEPUTED NAME OF SIGNING MANAGING MEMBER MANAGER OF AUTHORIZED DEPRESENTATIVE  District Profession							