OCT. 26. 2004 5:14PM NO. 9320 P.

L 95000000841

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
04 OCT 27 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000841

1. Entity Name
GAMI CYPRESS CREEK, LLC

Principal Place of Business	Mailing Address
4900 POWERLINE ROAD FORT LAUDERDALE, FL 33309 09	4900 POWERLINE ROAD FORT LAUDERDALE, FL 33309 09

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10252004 REIN-LLC CR2E101 (6/04)

4. FEI Number 65-0628186 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name: Jane C. Rankin, Esquire
Street Address (P.O. Box Number is Not Acceptable): KUBICKI DRAPER
One East Broward Boulevard Suite 1600
City: Fort Lauderdale FL Zip Code: 33301

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 _____ Jane C. Rankin, Esquire October 26 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, 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 GAMI PROPERTIES FLORIDA, INC. 22 BRENT ROAD LEXINGTON, MA 02173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400042286294
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 10/26/04 954-520-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

LOCATION:

RX TIME 10/26 '04 16:10

CSC

CORPORATION SERVICE COMPANY

L95000000841

ACCOUNT NO. : 072100000032

REFERENCE : 944629 11663B

AUTHORIZATION :

COST LIMIT : $ 155.00

Patricia Pizzuto

ORDER DATE : October 27, 2004

ORDER TIME : 10:38 AM

ORDER NO. : 944629-015

CUSTOMER NO: 11663B

BK

10/27

CUSTOMER: Jerome W. Vogel, Esq.
Kubicki Draper
Suite 1600
One E. Broward Boulevard
Ft. Lauderdale, FL 33301

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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: GAMI CYPRESS CREEK, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire

EXAMINER'S INITIALS _____