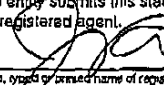
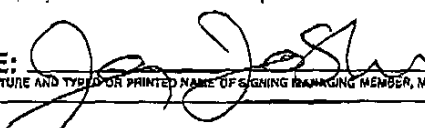


OCT. 26. 2004 5:14PM

L95000000841
NO. 9330
FILED
OCT 27 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2004 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L95000000841			
1. Entity Name GAMI CYPRESS CREEK, LLC			
Principal Place of Business 4900 POWERLINE ROAD FORT LAUDERDALE, FL 33309 09		Mailing Address 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
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 DRAFTER City Fort Lauderdale FL Zip Code 33301 One East Broward Boulevard Suite 1600	
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	
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	400042286294 ☐ 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
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



CORPORATION SERVICE COMPANY

L95000000841

ACCOUNT NO. : 072100000032

REFERENCE : 944629 11663B

AUTHORIZATION :

COST LIMIT : \$ 155.00

Patricia Pizutto

ORDER DATE : October 27, 2004

ORDER TIME : 10:38 AM

ORDER NO. : 944629-015

CUSTOMER NO: 11663B

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

10/27

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: GAMI CYPRESS CREEK, LLC

XX REINSTATEMENT

BK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire

EXAMINER'S INITIALS _____