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Jeffrey W. Berkman



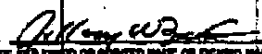
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2004 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004841			
1. Entity Name 1350 COLLINS AVENUE, LLC.			
Principal Place of Business 1350 COLLINS AVENUE MIAMI BEACH, FL 33139		Mailing Address 100 SE 2ND STREET 2500 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address P.O. Box 1000	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Peck Slip Station	
City & State		City & State New York, New York	
Zip		Zip 10272	
Country		Country USA	
4. FEI Number 05-0843777		Apply For Not Applicable	
5. Certificate of Status Created <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRMELLI, STEWART M 100 SE 2ND STREET #2800 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: Wayne Carner CPA Street Address (P.O. Box Number is Not Acceptable): Riobabky, Lewis, Carner, Brady, Harmon & Aikatz, PC 901 N.E. 125th Street Suite 107 City: North Miami FL Zip Code: 33161	
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 the manager with, and accept the obligations of a registered agent.			
SIGNATURE: 		Wayne Carner 11/11/04	
FILE NOW! FEE IS \$56.00 After January 1, 2005, Fee will be \$100.00		In accordance with a 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIRMELLI, STEWART 100 SE SECOND ST, STB 2800 MIAMI, FL 33139	<input checked="" type="checkbox"/> Delete	10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jeffrey W. Berkman 2592 Overlook Place Baldwin, New York 11570	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information included 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: 		Jeffrey W. Berkman 11/10/04 212-327-1654	
SIGNATURE (SEE TYPE OR PRINTED NAME OF CURRENT REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)		Date: Daytime Phone #	



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