

L99000009017

Division of Corporations

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DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

CGR/SEVEN LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L99000009017**

1. Limited Liability Company's Name
CGR/SEVEN LLC

2. Principal Office Address 36 EAST 12TH STREET Suite, Apt. #, etc. 14TH FLOOR		3. Mailing Office Address 36 EAST 12TH STREET Suite, Apt. #, etc. 14TH FLOOR	
City & State NEW YORK, NEW YORK		City & State NEW YORK, NEW YORK	
Zip 10003	Country U.S.A.	Zip 10003	Country U.S.A.

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
12/20/99

6. FEI Number
593616679

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

Applied For
Not Applicable

8. Name and Address of Current Registered Agent

Name
NationsCorp Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
576 E. Park Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent
KEVIN HAND ASST SEC
REGISTERED AGENT MUST SIGN

Date
8/5/04

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	ADRIANNE PLOTCH	36 EAST 12TH STREET	NEW YORK, N.Y. 10003

REINSTATEMENT 03-04 dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company again fulfills the requirements of section 608.403, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager
Adrienne Plotch

Date
July 23, 2004

Daytime Phone #
(609) 938-6000

Typed or printed name of signing Managing Member/Manager
ADRIANNE PLOTCH

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