


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # M00000001706
Name and Mailing Address

0001165 01 AT 0.292 **AUTO T6 2 0615 32082-355456

 EXCALIBUR MANAGEMENT, LLC
 151 SAWGRASS CORNERS DRIVE, SUITE 206
 PONTE VEDRA BEACH FL 32082-3554

100024530401
11/10/03--01009--020 **150.00



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/24/2000	
Principal Place of Business 151 SAWGRASS CORNERS DRIVE, SUITE 206 PONTE VEDRA BEACH FL 32082	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 04-3521142	Applied For Not Applicable
8. Name and Address of Current Registered Agent ANDERSON, DANIEL B 151 SAWGRASS CORNERS DRIVE, SUITE 206 PONTE VEDRA BEACH FL 32082		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent ANDERSON, DANIEL B 151 SAWGRASS CORNERS DRIVE, SUITE 206 PONTE VEDRA BEACH FL 32082		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 *[Signature]* **NOTARIZATION REQUIRED** Date 11/05/03
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANDERSON, BRUCE K	813 MINS. TRAIL	FRANKLIN LAKES NJ 07417
MGR	EXCALIBUR MANAGEMENT CORPORATION	721 HIGH STREET 3 Post office Square, Suite 700	BOSTON MA 02110 02109

12. 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 name satisfies the requirements of section 608.406, 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 *[Signature]* **NOTARIZATION REQUIRED** Date 11/5/03 Daytime Phone # 904-280-5394
 Typed or printed name of signing Managing Member/Manager _____