OBURD OF STATE



П	\cap	CI	ı	N۸	⊏	NIT	Γ#
LJ	U	l a		IVI	_	IV	I #

LIMIT C	ED LIABI OMPANY ISTATEMI		· s	ecretary	TMENT OF : of State orporations	STATE			03 001 2	LED	
DOCUMENT # 1. Limited Liability Company's Name Landmark Towers Holding Company, LLC							03 OCT 20 M 9 04 BODO 2-1283598 10/30/03-01023-023 **150.00				
	al Office Addres		3. Mailing Of	ffice Atldress , 50 Broadway			4. State/Country of Formation				
Suite, Apt. #, etc.			Suite, Apt. #, etc. 4th Floor			Florida 5. Date Organized or Qualified To Do Business in Florida					
City-& State New York, NY			City & State New York, NY			6. FEI Number 74-3097594 Applied For Not Applicable					
Zip 10004	,	Country USA	Zip 10004		Country		7. CERTIFICATE	OF STATE	JS DESIRED S5.	00 Additional or a Certificate	Fee required of Status
		·	8. N	ame and A	ddress of Curre	nt Register	ed Agent		·		
	Street Addre	orpDirect Ages (P.O. Box Number is No	t Acceptable)	Inc.			. , , , , , , , , , , , , , , , , , , ,		_		
	Suite, Apt. #										
	City T	allahassee	·					State FL	Zip Code 32301		
9. I, being	appointed the	registered agent of the abov	e named limited	f liability co	mpany, am famili	ar with and a	accept the obligati	ions of Ch	napter 608, F.S.		
Signature o Registered		EAR	GISTERED AG		Secret	tary		Date	10/20/0	3	
10. Name	es and Street A	ddresses of Managing Mem	bers/Managers								
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager			City / State / Zip				
mem	Edith Gross			c/o GFI, 50 Broadway, 4th Floor			New York, NY 10004				
Weem		·									
				,			CONTRACTOR OF THE PARTY OF THE				
		DE	aist/	TE	MENT	201	72-2	ΟÚ	3		
			M 200 0 3	`		h	<u> </u>			-	

11.	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 lim	ited 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 of	n this application is true and accurate, and my signature shall have the same legal effect
	as if made under oath.	

Managing Member/Manager

10/16/03

15/5

Edith Gross Typed or printed name of signing Managing Member/Manager _

Florida Department of State Division Of Corporations

÷

Re: Landmark Towers Holdings Company, LLC

To whom it may concern:

Please be advised that GFI management Services manages the above referenced LLC.

Please note that we have not received our UBR forms with respect to the above and respectfully request that you waive any and all fees that may be charged as a result of any late filings.

Very truly yours,

David L. Arnow Director of Operations