


MA700000.00715

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		JUN 21 PM 1:06	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company Grand Cru Riverside GP LLC cb Emmes Asset Management Corp. 420 Lexington Avenue NY, NY 10170			DOCUMENT # MA7000000715		
1a. Principal Place of Business Address Same as #1					
2. Principal Place of Business cb Emmes Asset Mgmt Corp. Suite, Apt. #, etc. 420 Lexington Ave. City & State NY, NY Zip 10170 Country USA		2a. Mailing Address 420 Lexington Ave Suite, Apt. #, etc. Suite 2702 City & State NY, NY Zip 10170 Country USA		3. Date Organized or Qualified OCT. 30, 1997 4. FEI Number 13 3974431 5. Date of Last Report	
				3a. State of Formation NEW YORK <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CSC 1201 Hays Street Tallahassee, FL 32301			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code MA		
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 _____ Date _____					
REGISTERED AGENT MUST SIGN					
10. Title	Managing Members/Managers	Business Street Address		City, State & Zip Code	
MGRM	Andrew Daidoff	420 Lexington Ave. NY, NY 10170		100002770561-4 -02/03/99-01124-001 ****688.75 ****688.75	
MEM	Larry Davis	Same as above			
MEM	Gary Tischler	Same as above			
		REINSTATEMENT		1998	
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 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 _____ Date 12/11/98 Daytime Phone # 012-253-8900					
Typed or printed name of signing Managing Member/Manager Gary Tischler, as Vice President					