

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
2007 APR 25 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M99000000582**

1. Entity Name  
**M O'CONNOR LLC**



Principal Place of Business  
**ONE PENNSYLVANIA PLAZA  
SUITE 4400  
NEW YORK, NY 10119**

Mailing Address  
**ONE PENNSYLVANIA PLAZA  
SUITE 4400  
NEW YORK, NY 10119**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11072006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
**65-0906543**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
After January 1, 2007, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME CONDE, CRISTINA  
STREET ADDRESS 6990 NW 97TH AVE, UNIT 5  
CITY-ST-ZIP MIAMI, FL 33178

☐ Change ☐ Addition  
**000101821520**  
**05/08/07--01023--015 \*\*400.00**

TITLE MGR ☐ Delete  
NAME PASSAGE, STEPHEN S  
STREET ADDRESS ONE PENNSYLVANIA PLAZA  
CITY-ST-ZIP NEW YORK, NY 10119

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME MURPHY, THOMAS  
STREET ADDRESS ONE PENNSYLVANIA PLAZA  
CITY-ST-ZIP NEW YORK, NY 10119

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME CHAE, YOON  
STREET ADDRESS ONE PENNSYLVANIA PLAZA  
CITY-ST-ZIP NEW YORK, NY 10119

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME SKOPP, FREDRIC M  
STREET ADDRESS 1605 MAIN ST SUITE 711  
CITY-ST-ZIP SARASOTA, FL 34236

☐ Change ☐ Addition  
**REINSTATEMENT 06-07**

TITLE MGR ☐ Delete  
NAME NEU, CHRISTOPHER J  
STREET ADDRESS ONE PENNSYLVANIA PLAZA SUITE 4400  
CITY-ST-ZIP NEW YORK, NY 10119

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-20-07 (305) 499-9495