

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2006 FEB 24 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # M99000001102 1. Entity Name LURIA IMPROVEMENTS, LLC					
Principal Place of Business C/O DLC 580 WHITE PLAINS RD TARRYTOWN, NY 10591		Mailing Address C/O DLC 580 WHITE PLAINS RD TARRYTOWN, NY 10591			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		02242006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Dr Suite 4 City Weston FL Zip Code 33331	
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 <u>Alison Hand - ASST SEC</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>2/24/06</u> <small>DATE</small>		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM JIT PACKAGE PARTNERS, LLC 580 WHITE PLAINS RD TARRYTOWN, NY 10591	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900067314689 03/07/06--01029--020 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2005-2006					
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: <u>Adam Ifshin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>(914) 631-3131</u> <small>Daytime Phone #</small>	

ORCA

Adam Ifshin, Manager