

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000002517

1. Entity Name
SUMMERVILLE AT PORT ORANGE, INC.

FILED

04 DEC 22 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3000 EXECUTIVE PARKWAY SUITE 530 SAN RAMON, CA 94583	Mailing Address 3000 EXECUTIVE PARKWAY SUITE 530 SAN RAMON, CA 94583
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

Handwritten initials



REINSTATEMENT 2004

4. FEI Number
52-2103425

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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]* PRES. FOR HIQ CORPORATE SERVICES, INC. 12-26-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete	NAME ACKERMAN, RICHARD
STREET ADDRESS	1999 AVE OF THE STARS STE 1900		
CITY-ST-ZIP	LOS ANGELES, CA 90067		
TITLE	PCEO	<input type="checkbox"/> Delete	NAME COBB, GRANGER
STREET ADDRESS	3000 EXECUTIVE PARKWAY, STE. 530		
CITY-ST-ZIP	SAN RAMON, CA 94583		
TITLE	D	<input type="checkbox"/> Delete	NAME KOENIG, STUART
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FLOOR		
CITY-ST-ZIP	NEW YORK, NY 10019		
TITLE	D	<input type="checkbox"/> Delete	NAME BENJAMIN, BILL
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FLOOR		
CITY-ST-ZIP	NEW YORK, NY 10019		
TITLE	D	<input type="checkbox"/> Delete	NAME NEIBART, LEE
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FLOOR		
CITY-ST-ZIP	NEW YORK, NY 10019		
TITLE	VP	<input type="checkbox"/> Delete	NAME MELANIE WERDEL
STREET ADDRESS	3000 EXECUTIVE PKWY SUITE 530		
CITY-ST-ZIP	SAN RAMON CA 94583		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	400042408304	
CITY-ST-ZIP	11/02/04--01066--004 **750.00	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* MELANIE WERDEL, VP 10/28/04 (925) 866-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #