

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

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SECRET STATE
TALLAHASSEE, FLORIDA

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08/30/07--01034--011 **205.00

DOCUMENT # L00000001699			
1. Entity Name LIGHTWAVE DRIVE, L.L.C.			
Principal Place of Business C/O LEGG MASON REAL ESTATE SERVICES, INC 1735 MARKET STREET, 12TH FLOOR PHILADELPHIA, PA 19103		Mailing Address C/O LEGG MASON REAL ESTATE SERVICES, INC 1735 MARKET STREET, 12TH FLOOR PHILADELPHIA, PA 19103	
2. Principal Place of Business - No P.O. Box # GROSVENOR INV MGMT VS INC. Subs, Apt. #, etc. 1600 MARKET ST Suite 1310 City & State PHILADELPHIA PA Zip 19103-7240		3. Mailing Address ← SAME Subs, Apt. #, etc. ← SAME City & State ← SAME Zip ← SAME Country	
4. FEI Number 31-8159380		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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 <u>Cynthia L. Harris</u> <u>Asst. Vice President</u> <u>8/27/07</u> Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required for certain filings) DATE			
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAYMAN, RICHARD K 1600 MARKET ST., SUITE 1310 PHILADELPHIA, PA 19103 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANDS, KATHLEEN M 1600 MARKET ST., SUITE 1310 PHILADELPHIA, PA 19103 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLENTINE, DOUGLAS S 1800 MARKET ST., SUITE 1310 PHILADELPHIA, PA 19103 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>8/9/07</u> Daytime Phone # <u>215-446-8125</u>	