
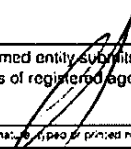
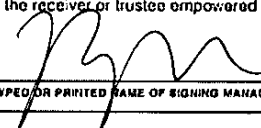


**2004 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

2004 DEC 30 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004860			
1. Entity Name CORNERSTONE TUSCANY PLACE, L.L.C.			
Principal Place of Business 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134		Mailing Address 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
10292004 REIN-LLC		CR2E101 (6/04)	
4. FEI Number 65-1148696		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST 2ND STREET SUITE 3500 MIAMI, FL 33131		Name Registered Agents of Florida, LLC Street Address (P.O. Box Number is Not Acceptable) 100 Southeast 2nd Street Suite 2900 City Miami FL Zip Code 33131	
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 		Howard J. Vogel, Vice President 12/29/04	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MSM, INC. <input type="checkbox"/> Delete 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUART I. MEYERS FAMILY PARTNERSHIP, LTD <input type="checkbox"/> Delete 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100043729829 12/30/04--01018--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JL HOLDING CORP. <input type="checkbox"/> Delete 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ME, INC. <input type="checkbox"/> Delete 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: 		Leon J. Wolfe 12/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

REINSTATEMENT