

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000052954

**FILED**  
**Oct 28, 2008**  
**Secretary of State**

**Entity Name:** 865 EAST 49TH STREET ASSOCIATES, LLC

**Current Principal Place of Business:**

555 COLDSTREAM COURT NW  
ATLANTA, GA 30328

**New Principal Place of Business:**

**Current Mailing Address:**

555 COLDSTREAM COURT NW  
ATLANTA, GA 30328

**New Mailing Address:**

**FEI Number:** 20-3547377      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROSEN, SCOTT  
150 S. PINE ISLAND ROAD  
540  
PLANTATION, FL 33324 US

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.

SIGNATURE: SCOTT ROSEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: STANWICK, JULIE  
Address: 550 COLDSTREAM COURT NW  
City-St-Zip: ATLANTA, GA 30328

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIE STANWICK

MGRM

10/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date