

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED


06 OCT 26 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800081244248



09272006 REIN-LLC CR2E101 (11/05)

DOCUMENT # M05000006443			
1. Entity Name KAZWELL REALTY PARTNERS LLC			
Principal Place of Business C/O CORNERSTONE REAL ESTATE ADVISERS LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033		Mailing Address C/O CORNERSTONE REAL ESTATE ADVISERS LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033	
2. Principal Place of Business		3. Mailing Address Regional Counsel 180 Glastonbury Blvd. Suite. Apt. #, etc. Suite 401	
Suite, Apt. #, etc.		City & State Glastonbury, CT	
City & State		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country
		06033	USA
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 <i>Deborah D. Skipper</i> <small>Signature, typed or printed name of registered agent and link # applicable.</small>		Deborah D. Skipper <small>(NOTE: Registered Agent signature required when reinstating)</small> Asst. V. Pres.	
DATE <i>10/16/06</i> <small>DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 THE GROVE AT WEST CHAPEL DEVELOPMENT LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033 <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
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
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 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: <i>Paul C. Bacon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		PAUL C. BACON Date: <i>10-17-2006</i> Division Phone #: <i>860-368-2812</i>	

REINSTATEMENT 2006



M05060006443

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 556391 4321252

AUTHORIZATION : *Debbie Skipper*

COST LIMIT : \$ 155.00

FILED
06 OCT 26 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 26, 2006

ORDER TIME : 11:06 AM

ORDER NO. : 556391-015

CUSTOMER NO: 4321252

BSK

DOMESTIC FILINGS

NAME: KAZWELL REALTY PARTNERS LLC

RECEIVED
06 OCT 26 PM 12:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - Ext# 2948

EXAMINER'S INITIALS _____