

**2006 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

06 OCT 26 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M05000006444
1. Entity Name
THE GROVE AT WESLEY CHAPEL DEVELOPMENT LLC

Principal Place of Business Mailing Address
C/O CORNERSTONE REAL ESTATE ADVISERS LLC C/O CORNERSTONE REAL ESTATE ADVISERS LLC
180 GLASTONBURY BLVD., SUITE 401 180 GLASTONBURY BLVD., SUITE 401
GLASTONBURY, CT 06033 GLASTONBURY, CT 06033

BK

600081244266



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **Regional Counsel, 180 Glastonbury**
Blvd., Suite 401 09272006 REIN-LLC CR2E101 (11/05)
City & State City & State
Glastonbury, CT 4. FEI Number Applied For
Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional
06033 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY Name
1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE, FL 32301-2525
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 *Deborah D. Skipper* **Deborah D. Skipper** 10/26/06
DATE

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 MASSACHUSETTS MUTUAL LIFE INSURANCE CO. 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
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REINSTATEMENT 2006

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: *Paul C. Bacon* **PAUL C. BACON** 10-17-2006 860-368-2812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

M05060006444

ACCOUNT NO. : 072100000032

REFERENCE : 556391 4321252

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 155.00

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

ORDER DATE : October 26, 2006

ORDER TIME : 11:05 AM

ORDER NO. : 556391-010

CUSTOMER NO: 4321252

BR

DOMESTIC FILINGS

NAME: THE GROVE WESLEY CHAPEL
DEVELOPMENT LLC

RECEIVED
06 OCT 26 PM 12:59
DEPT. 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 _____