


FILED

06 OCT 26 AM 9:26

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M05000006446			
1. Entity Name OAKLEY GROVE DEVELOPMENT LLC		Principal Place of Business 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 401	
Suite, Apt. #, etc.		City & State Glastonbury, CT	
City & State		4. FEI Number 09272006 REIN-LLC CR2E101 (11/05)	
Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Country 06033 USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code FL	
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> Deborah D. Skipper Signature, typed or printed name of registered agent, add title if applicable		DATE: 10/26/06 10/26/06 (NOT Registered Agent signature required when reinstating)	
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
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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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: 10-17-2006 860-368-2812 DATE	

BK

400081244284



REINSTATEMENT 2006



M05000006446

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 556391 4321252

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 155.00

ORDER DATE : October 26, 2006

ORDER TIME : 11:03 AM

ORDER NO. : 556391-005

CUSTOMER NO: 4321252

[Handwritten initials]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: OAKLEY GROVE DEVELOPMENT LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - Ext# 2948

EXAMINER'S INITIALS _____

RECEIVED
06 OCT 26 PM 1:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA