


## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT


<b>DOCUMENT # M05000006940</b> 1. Entity Name 54 WEST CAPITAL 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 Suite, Apt. #, etc.		3. Mailing Address <b>Regional Counsel</b> <b>180 Glastonbury Blvd.</b> Suite, Apt. #, etc. <b>Suite 401</b> City & State <b>Glastonbury, CT</b> Zip <b>06033</b> Country <b>USA</b>
City & State <b>Glastonbury, CT</b>		4. FEI Number 09272006 REIN-LLC CR2E101 (11/05)
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required		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 <b>FL</b> 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: <u>Deborah D. Skipper</u> <small>Signature typed or printed name of registered agent and fee is applicable.</small>		<u>Deborah D. Skipper</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> <b>Asst. V. Pres.</b>
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$200.00</b>		Make check payable to <b>Florida Department of State</b>
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE GROVE AT WESLEY CHAPEL DEVELOPMENT, LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>REINSTATEMENT 2006</b>		
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: <u>Paul C. Bacon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>10-17-2006</u> <small>Date</small> <u>860-368-2812</u> <small>Telephone #</small>

FILED

06 OCT 26 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200081244202





CORPORATION SERVICE COMPANY

# M05000006940

ACCOUNT NO. : 072100000032  
 REFERENCE : 556391 4321252  
 AUTHORIZATION : *[Signature]*  
 COST LIMIT : \$ 155.00

**FILED**  
 06 OCT 26 AM 9:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

ORDER DATE : October 26, 2006  
 ORDER TIME : 11:07 AM  
 ORDER NO. : 556391-020  
 CUSTOMER NO: 4321252

*BK*

DOMESTIC FILINGS

NAME: 54 WEST CAPITAL LLC

XX REINSTATEMENT

**RECEIVED**  
 06 OCT 26 PM 12:58  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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 \_\_\_\_\_