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P. 1/2

M07000004658

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
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Troy #2940

LIMITED LIABILITY REINSTATEMENT

5729 RIDGE ROAD HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

138.75

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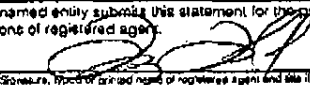
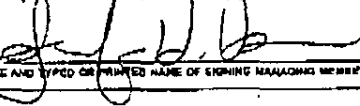
NO. 617 P. 2/2

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M07000004658					
1. Entity Name 5729 RIDGE ROAD HOLDINGS, LLC					
Principal Place of Business 7 ST. PAUL STREET, SUITE 1660 BALTIMORE, MD 21202			Mailing Address 7 ST. PAUL STREET, SUITE 1660 BALTIMORE, MD 21202		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2188596	
5. Certificate of Status Desired ☐				55.00 Additional Fee Required	
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 FL Zip Code		
8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  as its agent Signature, Title of Existing Agent or Registered Agent and Date if Applicable (NOTE: Registered Agent Signature required when reinstating)					
FILE NOW! FEE IS \$136.75 After January 1, 2008, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLS FARGO BANK, N.A. AS TRUSTEE 701 13TH STREET N.W., STE. 1000 WASHINGTON, DC 20005	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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  AUTHORIZED REPRESENTATIVE 11/25/08 202-344-4123 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Debit Phone #					