PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -6 PM 12:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000016232

1. Limited Liability Company's Name

Valley Creek Associates, LLC

2/10 2001-2002-2003-2004

2. Principal Office Address		**3.** Mailing Office Address	
c/o Developers Realty Inc.		c/o Developers Realty Inc	
Suite, Apt. #, etc. 433 South Main St		Suite, Apt. #, etc. 433 South Main St	
City & State West Hartford CT		City & State West Hartford CT	
Zip 06110	Country USA	Zip 06110	Country USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/28/00

6. FEI Number: ✓ Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

000028322360
02/06/04--01025--005 **200.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: SALVINA AMENTA-GRAY, SPECIAL ASSISTANT SECRETARY — Date 1/28/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Wayne Eisenbaum	c/o Developers Realty 433 South Main St.	West Hartford CT 06110
			2001-2002-
		REINSTATEMENT	2003-2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date 1/24/04 Daytime Phone # (860) 561-0121

Typed or printed name of signing Managing Member/Manager: Wayne Eisenbaum