

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. Principal Office Address

Developers Realty Inc.
Suite, Apt. #, etc.
433 South Main St

City & State

West Hartford CT

Zip

06110

Country

USA

3. Mailing Office Address

Developers Realty Inc.
Suite, Apt. #, etc.
433 South Main St

City & State

West Hartford CT

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

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation Florida

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

SALVINA AMENTA-GRAY

Date

1/28/04

REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY

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
<u>MGR</u>	<u>Wayne Eisenbaum</u>	<u>433 South Main St</u>	<u>West Hartford CT 06110</u>

REINSTATEMENT

2001-2002-2003-2004

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

Wayne Eisenbaum

Date

1/24/04

Daytime Phone #

(860) 561-0121

Typed or printed name of signing Managing Member/Manager

Wayne Eisenbaum

CR2E041 (10/02)