2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 30 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004860

1. Entity Name
CORNERSTONE TUSCANY PLACE, L.L.C.

Principal Place of Business
2121 PONCE DE LEON BLVD., PH
CORAL GABLES, FL 33134

Mailing Address
2121 PONCE DE LEON BLVD., PH
CORAL GABLES, FL 33134

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

10292004 REIN-LLC CR2E101 (6/04)

4. FEI Number 65-1148696 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET
SUITE 3500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable): 100 Southeast 2nd Street
Suite 2900
City: Miami FL Zip Code: 33131

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: Howard J. Vogel, Vice President 12/29/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	MSM, INC.	
STREET ADDRESS	2121 PONCE DE LEON BLVD., PH	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	☐ Delete
NAME	STUART I. MEYERS FAMILY PARTNERSHIP, LTD	
STREET ADDRESS	2121 PONCE DE LEON BLVD., PH	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	☐ Delete
NAME	JL HOLDING CORP.	
STREET ADDRESS	2121 PONCE DE LEON BLVD., PH	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	☐ Delete
NAME	ME, INC.	
STREET ADDRESS	2121 PONCE DE LEON BLVD., PH	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	100043729024	
STREET ADDRESS	12/30/04--01018--010 **150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	REINSTATEMENT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leon J. Wolfe 12/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #