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SCHROEDER AND LARCHE

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LO1000007957

Limited Liability Company's Name

2001 Oviedo Associates, L.L.C.

BJH

5/1 2002-2003 FF \$200.00

2. Principal Office Address <u>15 Maple Avenue</u>		3. Mailing Office Address <u>15 Maple Avenue</u>		4. State/Country of Formation <u>Florida</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <u>5/16/02</u>	
City & State <u>Morristown, NJ</u>		City & State <u>Morristown, NJ</u>		6. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <u>07960</u>	Country <u>USA</u>	Zip <u>07960</u>	Country <u>USA</u>	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent

Name <u>Hoffman, Harvey B.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4851 Tamiami Trail North</u>	
Suite, Apt. #, Etc. <u>Suite 300</u>	
City <u>Naples</u>	State <u>FL</u>
	Zip Code <u>34103</u>

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 *Harvey B. Hoffman* **REGISTERED AGENT MUST SIGN** **Date** 4/30/03

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	<u>The Hampshire 2001 Fund, LLC</u>	<u>15 Maple Avenue</u>	<u>Morristown, NJ 07960</u>

04/18/03 - 01071--006-- \$200.00

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 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information furnished 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 *William A. Scully* **Date** 4/9/03 **Daytime Phone #** 978-734-7474

Typed or printed name of signing Managing Member/Manager William A. Scully **Signature** [Signature]