

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000004919

**FILED**  
**Nov 23, 2004**  
**Secretary of State**

**Entity Name:** BEGONIA HALL INVESTMENT, LLC

**Current Principal Place of Business:**

215 CELEBRATION PLACE, SUITE 500  
CELEBRATION, FL 34747

**New Principal Place of Business:**

901 BEGONIA ROAD  
CELEBRATION, FL 34747

**Current Mailing Address:**

803 BIRCHFIELD DRIVE  
MOUNT LAUREL, NJ 08054

**New Mailing Address:**

**FEI Number:** 02-0559660      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WARONKER, DAVID A  
215 CELEBRATION PLACE, SUITE 500  
CELEBRATION, FL 34747 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: WARONKER, DAVID  
Address: 934 SPRING PARK LOOP  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WARONKER, DAVID  
Address: 934 SPRING PARK LOOP  
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID A WARONKER

MGR

11/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date