

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2004 DEC 20 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000015630 1. Entity Name ISLAND VISTA ESTATES LEASEHOLD, LLC					
Principal Place of Business 4340 EAST WEST HIGHWAY, STE. 206 BETHESDA, MD 20814			Mailing Address 4340 EAST WEST HIGHWAY, STE. 206 BETHESDA, MD 20814		
2. Principal Place of Business 7800 Persimmon Tree Lane Suite, Apt. #, etc. Suite 100		3. Mailing Address 7800 Persimmon Tree Lane Suite, Apt. #, etc. Suite 100			
City & State Bethesda, MD		City & State Bethesda, MD		4. FEI Number 04-3693994	
Zip 20817		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIVERSIFIED INVESTMENTS SERVICES, LLC 701 E NORTH HERCULES AVENUE CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name Drennen L. Whitmire, Jr. Street Address (P.O. Box Number is Not Acceptable) 249 Royal Palm Way, Suite 501 City Palm Beach FL Zip Code 33480	
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 Drennen L. Whitmire, Jr. 12/13/04 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAASC, BARRY 4340 EAST WEST HWY STE 206 BETHESDA, MD 20814	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOREAN, PHILIP 4340 EAST WEST HWY STE 206 BETHESDA, MD 20814	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: James H. Schnare II 12/13/04 561-627-8100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					