

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000018134

1. Entity Name
THE FOUNTAINS AT LEE VISTA LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 11 AM 10:59

Principal Place of Business
C/O KRUUPP BROS., LLC
85 DEVONSHIRE STREET, SUITE 300
BOSTON, MA 02110

Mailing Address
C/O KRUUPP BROS., LLC
85 DEVONSHIRE STREET, SUITE 300
BOSTON, MA 02110

2. Principal Place of Business
50 MILK STREET
Suite, Apt. #, etc.
21ST FLOOR
City & State
BOSTON MA
Zip Country
02109 USA

3. Mailing Address
50 MILK STREET
Suite, Apt. #, etc.
21ST FLOOR
City & State
BOSTON MA
Zip Country
02109 USA

01032005 REIN-LLC CR2E101 (6/04)

4. FEI Number
43-1970926
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 TRACI HOUCK
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/4/05
SPECIAL ASSISTANT SECRETARY

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUPP, PHILIP 85 DEVONSHIRE STREET STE 300 BOSTON, MA 02109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUPP, DOUGLAS 50 MILK STREET, 21ST FL BOSTON, MA 02109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUPP, PAUL 85 DEVONSHIRE STREET STE 300 BOSTON, MA 02109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUPP, PAUL 50 MILK STREET, 21ST FL BOSTON, MA 02109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRONER, KAREN 85 DEVONSHIRE STREET STE 300 BOSTON, MA 02109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRONER, KAREN 50 MILK STREET, 21ST FL BOSTON, MA 02109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: PAUL KRUPP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
PAUL KRUPP
MANAGER
1/3/05 (617) 542-5800
Date Daytime Phone #