

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000032803

Entity Name: ANSS-FL, L.L.C.

**FILED**  
**Sep 20, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

215 CELEBRATION PLACE, SUITE 310  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

101 PONDS EDGE DRIVE  
SUITE 300  
CHADDS FORD, PA 19317

**New Mailing Address:**

5885 TRINITY PARKWAY  
SUITE 130  
CENTREVILLE, VA 20120

FEI Number: 35-2220493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARNOLD, MARY  
1231 US HIGHWAY 27 SOUTH  
SEBRING, FL 33870 US

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

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: MARY ARNOLD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MITCHELL, JAMES E III  
Address: 5885 TRINITY PARKWAY, SUITE 130  
City-St-Zip: CENTREVILLE, VA 20120 US

Title: MGRM ( ) Delete  
Name: PETERSON, RYAN B  
Address: 101 PONDS EDGE DRIVE, SUITE 300  
City-St-Zip: CHADDS FORD, PA 19317

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: PETERSON, RYAN B  
Address: 871 BALTIMORE PIKE, SUITE 38  
City-St-Zip: GLEN MILLS, PA 19342

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES E. MITCHELL III

MGRM

09/20/2007

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