

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000032692

Entity Name: SCITUATE REALTY, LLC

FILED  
Oct 11, 2005  
Secretary of State

**Current Principal Place of Business:**

3300 UNIVERSITY DRIVE, SUITE 901  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3300 UNIVERSITY DRIVE, SUITE 901  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

PONNOCK, ANDREW A ESQ.  
3300 UNIVERSITY DRIVE, SUITE 901  
CORAL SPRINGS, FL 33065 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: ANDREW PONNOCK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: SCHEER, SCOT MEMBER  
Address: 744 PARK AVENUE, #1  
City-St-Zip: CRANSTON, RI 02910 US

Title: MGR ( ) Change (X) Addition  
Name: DENUNZIO, THOMAS  
Address: 744 PARK AVENUE, #1  
City-St-Zip: CRANSTON, RI 02910

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: SCOT SCHEER

MGR

10/11/2005

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