2005 LIMITED LIABILITY COMPANY REINSTATEMENT

05 OCT -3 AM 9: 09 DOCUMENT # L04000036115 ESCROW MANAGEMENT SERVICES, LLC Principal Place of Business Mailing Address 565 OAKS LANE, SUITE 402 7300 PEARL STREET, STE. 225 POMPANO BEACH, FL 33069 BETHESDA, MD 20814 2. Principal Place of Business 3. Mailing Address 565 OAKS LANE Suite, Apt. #, etc. そって Suite, Apt. #, etc. 09272005 **BEIN-LLC** CR2E101 (6/04) PCity & State POMPANO City & State Applied For 4. FEI Number BEACH, FL 27-005099 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired 33069 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEÂUPRE, CELESTE Street Address (P.O. Box Number is Not Acceptable) 565 OAKS LANE, SUITE 402 POMPANO BEACH, FL 33069 City Zip Code FI 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 ac 9/29 N SIGNATURE FILE NOW!!! FEE IS \$150.00 Make check payable to After January 1, 2006, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM ☐ Defete TITLE ☐ Addition CELESTE M. BEAUPRE 565 OAKS LANE #402 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-7IP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition JAMES M. NICHOLSON 138 TWIN LAKES DRIVE NAME NAME 100060714421 STREET ADDRESS STREET ADDRESS 10/18/05--01041--005 **95.00 CITY-ST-Z/P GETTYSBURG, PA 17325 CITY-ST-ZIP TITLE ☐ Delete TITE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 5-01049-009-\$55.00 CITY-ST-ZI TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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. 40 (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE