



# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT -5 AM 8:14

<b>DOCUMENT # L04000068632</b> 1. Entity Name 121 SEA OATS, LLC					
Principal Place of Business 300 LINDEN OAKS OFFICE PARK ROCHESTER, NY 14625			Mailing Address 300 LINDEN OAKS OFFICE PARK ROCHESTER, NY 14625		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		09212005 REIN-LLC CR2E101 (6/04)	
Zip		Country		4. FEI Number 20-1698692	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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		
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.			STEVEN P. ZIMMER SPECIAL ASSISTANT SECRETARY		
SIGNATURE			DATE		
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	MGR SWF REALTY LLC 300 LINDEN OAKS OFFICE PARK ROCHESTER, NY 14625		TITLE NAME STREET ADDRESS CITY-ST-ZIP	50006077755 10/19/05--01055--001 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	
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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:			9/2/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			585 381 9660 x205		