


# 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	
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Principal Place of Business 300 LINDEN OAKS OFFICE PARK ROCHESTER, NY 14625	Mailing Address 300 LINDEN OAKS OFFICE PARK ROCHESTER, NY 14625
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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P.P.S.



09212005 REIN-LLC CR2E101 (6/04)

4. FEI Number 20-1698692	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	6. Name and Address of Current Registered Agent
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent
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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.

**STEVEN P. ZIMMER**  
**SPECIAL ASSISTANT SECRETARY**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent Signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
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TITLE: MGR <input type="checkbox"/> Delete NAME: SWF REALTY LLC STREET ADDRESS: 300 LINDEN OAKS OFFICE PARK CITY-ST-ZIP: ROCHESTER, NY 14625	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 50006077755 STREET ADDRESS: 10/19/05--01055--001 **50.00 CITY-ST-ZIP:
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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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: \_\_\_\_\_ Date: 9/21/05 Daytime Phone #: 585 381 9660 x 205

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