2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000039327 FILED 1. Entity Name 07 JUN 29 PM 2: 08 DARLING STREET II LLC SECRETART OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **60 WILLIAM STREET 60 WILLIAM STREET** SUITE 200 SUITE 200 WELLESLEY, MA 02481 WELLESLEY, MA 02481 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 20 WILLIAM STREET 20 WILLIAM STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 06132007 REIN-LLC CR2E101 (1/07) **SUITE 130 SUITE 130** Applied For City & State City & State 4. FEI Number 20-2728931 WELLESLEY, MA WELLESLEY, MA Not Applicable Country Zip Country Zφ \$5.00 Additional 5. Certificate of Status Desired 02481 US Fee Required 02481 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PONN, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 1750 SE DARLING STREET STUART, FL 32997 City Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstate Make check payable to FILE NOW!!! FEE IS \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITA E MGR Change TITLE ☐ Addition Delete WILCHINS, STEPHEN N NAME WILCHINS, STEPHEN N NAME 20 WILLIAM STREET, SUITE #130 60 WILLIAM STREET, SUITE 200 STREET ADDRESS STREET ADDRESS WELLESLEY, MA 02481 CITY-ST-ZIP WELLESLEY, MA 02481 CITY-ST-ZIP MGR TITLE TITLE □ Change Delete Addition PONN, RICHARD D NAME NAME 001060178 STREET ADORESS 1750 SE DARLING STREET STREET ADDRESS 2/07--01045 CITY-ST-ZIP STUART, FL 32997 CITY-ST-ZIP MGRM Change TITLE ☐ Delete TITLE MGRM Addition 465 COLUMBIA ROAD I.LC NAME NAME 465 COLUMBIA ROAD LLC 20 WILLIAM STREET, SUITE #130 STREET ADDRESS 60 WILLIAM STREET, SUITE 200 STREET ADDRESS CITY-ST-ZIP WELLESLEY, MA 02481 CITY-ST-ZIP WELLESLEY, MA 02482 TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change TITLE Delete TITLE VSTATEME ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE TITL f Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accerate 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 sustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: TAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE