

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000119834

FILED
Sep 28, 2009
Secretary of State

Entity Name: CRAWFORDVILLE SHOPPING CENTER, LLC

Current Principal Place of Business:

1901 W. CYPRESS CREEK RD., SUITE 415
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

3351 BOCA RATON BLVD
BOCA RATON, FL 33431 US

Current Mailing Address:

1901 W. CYPRESS CREEK RD., SUITE 415
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

6544 NW 31ST TERRACE
BOCA RATON, FL 33496 US

FEI Number: 20-3942565 FEI Number Applied For () 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:

SADER, ROBERT L ESQ.
1901 W. CYPRESS CREEK RD. # 415
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

CHETEK, STEPHEN A
6544 NW 31ST TERRACE
BOCA RATON, FL 33496 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: STEPHEN A CHETEK

09/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHETEK, STEPHEN A
Address: 1901 W. CYPRESS CREEK RD. # 415
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHETEK, STEPHEN A
Address: 3351 BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33431 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEPHEN A CHETEK

PRES

09/28/2009

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