

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000099787

Entity Name: CV ASSOCIATES LLC

FILED
Oct 11, 2007
Secretary of State

Current Principal Place of Business:

6 STONEY MEADOW COURT
LUTHERVILLE, MD 21093 US

New Principal Place of Business:

6 STONY MEADOW COURT
LUTHERVILLE, MD 21093 US

Current Mailing Address:

6 STONEY MEADOW COURT
LUTHERVILLE, MD 21093 US

New Mailing Address:

6 STONY MEADOW COURT
LUTHERVILLE, MD 21093 US

FEI Number: 86-1175849 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:

RODGERS, ROBERT F
75 VINEYARDS BOULEVARD
SUITE 500
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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: ROBERT F RODGERS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: HALEY, CHRISTOPHER P
Address: 6 STONY MEADOW COURT
City-St-Zip: LUTHERVILLE, MD 21093 US

Title: MR () Change (X) Addition
Name: HALEY, VINCENT P
Address: 1375 HARPERS LANE
City-St-Zip: HUNTINGDON VALLEY, PA 19006

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: CHRISTOPHER P HALEY

MR

10/11/2007

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