2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000041054

Entity Name: CC RESIDENTIAL LAKESIDE HOLDINGS, LLC

FILED Nov 07, 2013 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

135 SAN LORENZO AVENUE, SUITE 750 CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

135 SAN LORENZO AVENUE, SUITE 750 CORAL GABLES, FL 33146

FEI Number: 46-2070370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAGG, K. LAWRENCE 135 SAN LORENZO AVENUE, SUITE 750 CORAL GABLES, FL 33146 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: K. LAWRENCE GRAGG

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: CODINA, ARMANDO

Address: 135 SAN LORENZO AVE STE 750 City-St-Zip: CORAL GABLES, FL 33146

Title: MGR

Name: CARR, JAMES M

Address: 135 SAN LORENZO AVE STE 750 City-St-Zip: CORAL GABLES, FL 33146

Title: MGR

Name: GRAGG, K. LAWRENCE
Address: 135 SAN LORENZO AVE STE 750
City-St-Zip: CORAL GABLES, FL 33146

Title: F

Name: CARR, JAMES M

Address: 135 SAN LORENZO AVE STE 750 City-St-Zip: CORAL GABLES, FL 33146

Title: VP S

Name: CODINA, ARMANDO

Address: 135 SAN LORENZO AVE STE 750 City-St-Zip: CORAL GABLES, FL 33146

Title: VPAS

Name: GRAGG, K. LAWRENCE

Address: 135 SAN LORENZO AVE STE 750
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 Statues.

SIGNATURE: K. LAWRENCE GRAGG MGR 11/07/2013

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