


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 22 AM 10:13

DOCUMENT # L98000001244 1. Entity Name 330 WEST ASSOCIATES HIALEAH, L.L.C.					
Principal Place of Business 15 MAPLE AVENUE MORRISTOWN, NJ 07960		Mailing Address 15 MAPLE AVENUE MORRISTOWN, NJ 07960			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 22-3641855		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		11112005 REIN-LLC CR2E101 (6/04) \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FAIRBANKS, RANDAL C 217 PONTE VEDRA PARK DRIVE, SUITE 200 PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL 38924		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Charles W Meyer</i> <small>Signature, typed or printed name of registered agent and title (if applicable).</small>		CHARLES W MEYER ASSISTANT SECRETARY		11/18/05 <small>DATE</small>	
FILE NOW!!! FEE IS \$30.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 330 WEST HIALEAH, INC. 15 MAPLE AVENUE MORRISTOWN, NJ 07960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	200061675952 11/23/05--01034--014 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	200061675952 11/23/05 01034--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	REINSTATEMENT 2005
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: <i>Steve Eliasot VP</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		330 West Hialeah Inc. IS Managing Member		11/14/05 977890-9171 <small>Date Daytime Phone #</small>	