DEC-01-2004 16:16

12/01 Dec. 1. 2004 2:03PM 386 Stoltz Management D MERRILL et al. No.1645 P. 2/02/002

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC -2 AM 11:32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

800042228008

12012004 REIN-LLC CR2E101 (6/04)

DOCUMENT # M00000001456

1. Entity Name
STOMAD CENTERS CROSSWINDS CENTER, LLC

Principal Place of Business	Mailing Address
725 CONSHOHOCKEN STATE ROAD BALA CYNWYD, PA 19004	725 CONSHOHOCKEN STATE ROAD BALA CYNWYD, PA 19004

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 51-0401588 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara A. Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY 12/01/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOMAD CENTERS, INC. 725 CONSHOHOCKEN STATE ROAD BALA CYNWYD, PA 19004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2004	☐ Change ☐ Addition

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: [signature] - AUTHORIZED PERSON 12/1/04 610-667-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

TOTAL P.02

2 of 2

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 044521 3487A

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 155.00

FILED
2004 DEC -2 AM 11:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : December 1, 2004

ORDER TIME : 4:38 PM

ORDER NO. : 044521-005

CUSTOMER NO: 3487A

CUSTOMER: Ms. Carol Deblasio
Icard Merrill Cullis Timm
Suite 600
2033 Main Street
Sarasota, FL 34237

DOMESTIC FILINGS

NAME: STOMAD CENTERS CROSSWINDS CENTER, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ PLAIN STAMPED COPY
XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____