

Division of Corporations

M00000001511

Florida Department of State
Division of Corporations
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2005 JUL 20 AM 9:18
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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

SA DEERFIELD BEACH, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M00000001511 1. Limited Liability Company's Name SA Deerfield Beach, LLC			
2. Principal Office Address 399 Park Avenue Suite, Apt. #, etc.		3. Mailing Office Address 399 Park Avenue Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10022	Country USA	Zip 10022	Country USA
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida August 1, 2000	
6. FEI Number 13-4128234		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			

8. Name and Address of Current Registered Agent

Name
 CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road

Suite, Apt. #, Etc.

City
 Plantation

State
 FL

Zip Code
 33324

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent Connie Belan Date 7/20/05

REGISTERED AGENT FOR CONNIE BELAN SPECIAL ASSISTANT SECRETARY

10. Names and Street Addresses of Managing Member/Managers

Year	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / ZIP
2002	SL Holdings, LLC	c/o Lehman Brothers, 399 Park Avenue	New York, NY 10022

REINSTATEMENT 2002-05

11. I certify that I am managing member/manager or the receiver or trustee authorized to execute the application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.405, F.S., and that all fees owed by this limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Kevin W. Dimie Date 7/18/05 Daytime Phone # (212) 526-0605

Typed or printed name of signing Managing Member/Manager Kevin W. Dimie, Authorized Signatory of SL Holdings, LLC, Sole Member