


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M00000001543		
1. Entity Name LAKEVIEW SHOPPING CENTER LLC		

FILED

04 NOV 17 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>WORLD TRADE CENTER EAST</b> 2 SEAPORT LANE BOSTON, MA 02210-2021	Mailing Address <b>WORLD TRADE CENTER EAST</b> 2 SEAPORT LANE BOSTON, MA 02210-2021
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2. Principal Place of Business <b>NEW CAPITAL MANAGEMENT LP</b> Suite, Apt. #, etc.	3. Mailing Address <b>NEW CAPITAL MANAGEMENT LP</b> Suite, Apt. #, etc.
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10272004 REIN-LLC CR2E101 (6/04)

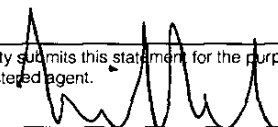
City & State	City & State
Zip	Country

4. FEI Number <b>04-2525479-09-3525479</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

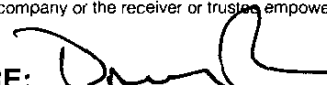
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	TRACI HOUCK SPECIAL ASSISTANT SECRETARY (NOTE: Registered Agent signature required when reinstating)
	DATE 11/10/04

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY, DANIEL J 2 SEAPORT LANE BOSTON, MA 02110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINNEGAN, JAMES J 2 SEAPORT LANE BOSTON, MA 02110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARTIN, JONATHAN 2 SEAPORT LANE BOSTON, MA 02110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MAGEE, LINDA 2 SEAPORT LANE BOSTON, MA 02110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV ALBONESE, WILLIAM J 2 SEAPORT LANE BOSTON, MA 02110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2004

AC  
WILLIAM J ALBANESE  
400043005274  
11/24/04--01060--009 \*\*\$50.00  
400043005274  
11/24/04--01060--010 \*\*\$5.00

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: 	Daniel Bradley 10/25/04 617-261-9375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #