2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000003555

1. Entity Name
COBBLESTONE VILLAGE AT ST. AUGUSTINE, LLC

FILED
2004 NOV -4 PM 4:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10262004 REIN-LLC CR2E101 (6/04)

Principal Place of Business	Mailing Address
CBL CENTER 2030 HAMILTON PLACE BLVD., SUITE 500 CHATTANOOGA, TN 37421	CBL CENTER 2030 HAMILTON PLACE BLVD., SUITE 500 CHATTANOOGA, TN 37421

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: 62-1838955 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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: Judith C. Harbaugh, Asst. Vice President [signature] 10/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CBL & ASSOCIATES LIMITED PARTNERSHIP 2030 HAMILTON PLACE BLVD., SUUITE 500 CHATTANOOGA, TN 37421 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800042473698 11/04/04--01030--007 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] Brett P. Brasley 10/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #