
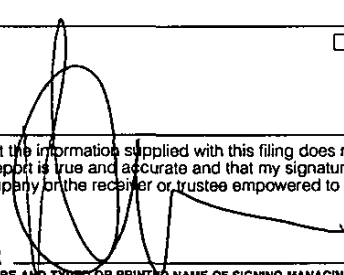


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000002307 1. Entity Name PENNAWR-FLA, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 NOV 16 AM 8:53	
Principal Place of Business 827 CASTLEFINN LANE BRYN MAWR, PA 19010				Mailing Address 827 CASTLEFINN LANE BRYN MAWR, PA 19010			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 20-1127437			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 MGRM COHEN, ALLEN 827 CASTLEFINN LANE BRYN MAWR, PA 19010				TITLE NAME STREET ADDRESS CITY-ST-ZIP 800061483758 11/16/05--01045--013 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM COHEN, RICHARD 2617 SAINT DAVID'S LANE ARDMORE, PA 19003				TITLE NAME STREET ADDRESS CITY-ST-ZIP 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM COHEN, PHILIP 256 WILTSHIRE ROAD WYNNEWOOD, PA 19096				TITLE NAME STREET ADDRESS CITY-ST-ZIP 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 				TITLE NAME STREET ADDRESS CITY-ST-ZIP 			
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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: 				Allen Cohen, MGRM			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 11/05/05			