2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000003387

Entity Name: CP PEMBROKE PINES MANAGER LLC

11121 CARMEL COMMONS BLVD., SUITE 165

Address:

City-St-Zip: CHARLOTTE, NC 28226

FILED Oct 06, 2005 Secretary of State

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Current Principal Place of Business:		New Principal F	New Principal Place of Business:	
	H AVENUE NORTH, SUITE 750 HAM, AL 35203			
Current Mailing Address:		New Mailing Address:		
	H AVENUE NORTH, SUITE 750 HAM, AL 35203			
In accordan	: 63-1098468 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability con I Address of Current Registered Agent:	· ·		
1200 SOU	PORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324 US			
The above in the State	named entity submits this statement for the $\mbox{$p$}$ e of Florida.	ourpose of changing its regi	stered office or registered agent, or both	
SIGNATUI	RE: CTCORPORATION SYSTEM			
	Electronic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete LOWDER, THOMAS H 2101 SIXTH AVENUE NORTH, SUITE 750 BIRMINGHAM, AL 35203	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete THOMPSON, C. REYNOLDS III 2101 SIXTH AVENUE NORTH, SUITE 750 BIRMINGHAM, AL 35203	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGR (X) Delete HOSMER, JOHN R JR	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: JOHN P. RIGRISH CADO 10/06/2005