## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# M04000005470

Entity Name: LTA MANAGEMENT SERVICES OF FLORIDA, LLC

FILED Nov 03, 2005 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	RE STREET , MA 02458			
Current Mailing Address:		New Maili	New Mailing Address:	
	RE STREET , MA 02458			
In accordan	nce with s. 607.193(2)(b), F.S., the limited liability compa	· · · =	ne prior notice.	
Name and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, FL 323012525 US			
	e named entity submits this statement for the purpe of Florida.	pose of changing i	ts registered office or registered agent, or both,	
SIGNATUI	RE: MERYL WIENER			
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete LTA MANAGEMENT SERVI, CES, LLC 400 CENTRE STREET NEWTON, MA 02458	Title: Name: Address: City-St-Zip:	MGRM (X) Change ( ) Addition LTA MANAGEMENT SERVI, CES, LLC 400 CENTRE STREET NEWTON, MA 02458 US	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	PRES () Change (X) Addition BENTON, EVRETT W 400 CENTRE STREET NEWTON, MA 02458 US	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	TREA ( ) Change (X) Addition MACKEY, BRUCE J 400 CENTRE STREET NEWTON, MA 02458 US	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	SVP ( ) Change (X) Addition ESPOSITO, ROSEMARY 400 CENTRE STREET NEWTON, MA 02458 US	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition HUGHES, MARYANN 400 CENTRE STREET NEWTON, MA 02458 US	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	ASEC () Change (X) Addition CLARK, JENNIFER B 400 CENTRE STREET NEWTON, MA 02458 US	

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.

SIGNATURE: BRUCE J. MACKEY TREA 11/03/2005