2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000005487

Entity Name: CHF-DELAND, L.L.C.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3613 STEIN STREET 411 JOHNSON AVENUE MOBILE, AL 36608 R FAIRHOPE, AL 36532 **Current Mailing Address: New Mailing Address:** 3613 STEIN STREET 411 JOHNSON AVENUE MOBILE, AL 36608 FAIRHOPE, AL 36532 FEI Number: 63-1173425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: CT CORPORATION SYSTEM Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: (X) Change () Addition () Delete COLLEIGATE HOUSING F, OUNDATION COLLEIGATE HOUSING F, OUNDATION Name: Name: 3613 STEIN STREET Address: 411 JOHNSON AVENUE SUITE B Address: City-St-Zip: MOBILE, AL 36608 City-St-Zip: FAIRHOPE, AL 36532 (X) Change () Addition Title: () Delete Title: COVEY, LEEMAN Name: COVEY, LEEMAN Name: Address: 3613 STEIN STREET Address: POST OFFICE BOX 1385 City-St-Zip: MOBILE, AL 36608 City-St-Zip: FAIRHOPE, AL 36533 Title: Title: (X) Change () Addition () Delete HICKS, JOHN HICKS, JOHN Name: Name: Address: P. O. BOX 20966 Address: P. O. BOX 20966 City-St-Zip: TUSCALOOSA, AL 35402 City-St-Zip: TUSCALOOSA, AL 35402 Title: () Delete Title: (X) Change () Addition Name: EDWARDS, JACK Name: EDWARDS, JACK Address: P. O. BOX 123 Address: P. O. BOX 123 City-St-Zip: MOBILE, AL 36601 City-St-Zip: MOBILE, AL 36601 Title: () Delete Title: (X) Change () Addition STEPHEN, GRIMBLE DALY, THOMAS M Name: Name: P. O. BOX 4017 8646 GLASCOW ISLAND LOOP Address: Address: City-St-Zip: WILMINGTON, DL 19807 City-St-Zip: EDISTO ISLAND, SC 29438 Title: () Delete Title: () Change () Addition SLAUGHTER, JOHN Name: Name: Address: 440 HAMILTON AVE., SUITE 302 Address: WHITE PLAINS, NY 10601 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LEEMAN H. COVEY P 04/21/2008