

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

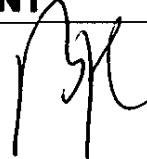

FILED

06 OCT 26 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
50008124010A

**DOCUMENT # M05000006445**

1. Entity Name  
**E-WISE LAND VENTURE LLC**

Principal Place of Business <b>C/O CORNERSTONE REAL ESTATE ADVISERS LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033</b>	Mailing Address <b>C/O CORNERSTONE REAL ESTATE ADVISERS LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>Regional Counsel 180 Glastonbury Blvd. Suite 401</b>
City & State	City & State <b>Glastonbury, CT</b>
Zip	Zip <b>06033</b>
Country	Country <b>USA</b>

09272006 REIN-LLC CR2E101 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Deborah D. Skipper* **Deborah D. Skipper** *10/26/06*  
(Signature, typed or printed name of registered agent and fee, if applicable) (Name of registered agent, signature, typed or printed name, and date of reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00</b>	<b>Make check payable to Florida Department of State</b>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE GROVE AT WEST CHAPEL DEVELOPMENT LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Paul C. Bacon* **PAUL C. BACON** *10-17-2006* *860-368-2812*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

# M05000006445

ACCOUNT NO. : 072100000032  
 REFERENCE : 556391 4321252  
 AUTHORIZATION *[Signature]*  
 COST LIMIT : \$ 155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 OCT 26 AM 9:25

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ORDER DATE : October 26, 2006  
 ORDER TIME : 11:07 AM  
 ORDER NO. : 556391-025  
 CUSTOMER NO: 4321252

*[Handwritten initials]*

DOMESTIC FILINGS

NAME: E-WISE LAND VENTURE LLC

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

06 OCT 26 PM 12:58

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XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - Ext# 2948

EXAMINER'S INITIALS \_\_\_\_\_