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Nov. 3. 2006 3:15PM GRAVES BROTHERS No. 0462 P. 1

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SECRETARY OF STATE

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000006682

1. Entity Name
SCP 2005-C21-016 LLC

Principal Place of Business	Mailing Address
ONE CVS DRIVE WOONSOCKET, RI 02895	ONE CVS DRIVE WOONSOCKET, RI 02895
2. Principal Place of Business: 5135 87 Street	3. Mailing Address: PO Box 700277
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebastian FL	City & State: Wabasso FL
Zip: 32958 Country: USA	Zip: 32970 Country: USA

11032006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-3892167 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 FL Zip Code

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 Barbara A Burke — Barbara A. Burke, Special Assistant Secretary — 11-3-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, 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	☐ Delete	MGRM Wabasso Retail Investments LLC 5135-87 Street Sebastian FL 32958	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	MGR Jeffi E. Bass 5135-87 Street Sebastian FL 32958	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

REINSTATEMENT 2006 DB

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: [signature] 11-03-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

M06000006682

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

SCP 2005-C21-016 LLC

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