2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000006940

1. Entity Name
54 WEST CAPITAL LLC

FILED
06 OCT 26 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200081244202

09272006 REIN-LLC CR2E101 (11/05)

Principal Place of Business	Mailing Address
C/O CORNERSTONE REAL ESTATE ADVISERS LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033	C/O CORNERSTONE REAL ESTATE ADVISERS LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033

2. Principal Place of Business		3. Mailing Address Regional Counsel 180 Glastonbury Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 401	
City & State		City & State Glastonbury, CT	
Zip	Country	Zip 06033	Country USA

4. FEI Number — Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 Deborah D. Skipper — Deborah D. Skipper Asst. V. Pres. — 10/26/06
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	MGRM ☐ Delete THE GROVE AT WESLEY CHAPEL DEVLOPMENT, LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 #

CSC

CORPORATION SERVICE COMPANY

M05000006940

ACCOUNT NO. : 072100000032

REFERENCE : 556391 4321252

AUTHORIZATION :

COST LIMIT : $ 155.00

FILED
06 OCT 26 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 26, 2006

ORDER TIME : 11:07 AM

ORDER NO. : 556391-020

CUSTOMER NO: 4321252

DOMESTIC FILINGS

RECEIVED
06 OCT 26 PM 12:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: 54 WEST CAPITAL LLC

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 _____