

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000005776

1. Entity Name
CENTRO HERITAGE VENETIAN ISLE LLC



Principal Place of Business
C/O CENTRO SATURN LLC
580 W. GERMANTOWN PIKE, SUITE 200
PLYMOUTH MEETING, PA 19462

Mailing Address
C/O CENTRO SATURN LLC
580 W. GERMANTOWN PIKE, SUITE 200
PLYMOUTH MEETING, PA 19462

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10252007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-5735847

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Mary W. Wines

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, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HERITAGE SPE LLC ☐ Delete
STREET ADDRESS 580 WEST GERMANTOWN PIKE, SUITE 200
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800113345648
CITY-ST-ZIP 12/21/07--01022--006 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

2007

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/5/07

Date

Daytime Phone #

FILED

07 DEC 18 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

