

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000005777

1. Entity Name
CENTRO SATURN MERGERSUB LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 27 PM 2:13

Principal Place of Business
C/O CENTRO SATURN LLC
580 W. GERMANTOWN PIKE, SUITE 200
PLYMOUTH MEETING, FL 31962

Mailing Address
C/O CENTRO SATURN LLC
580 W. GERMANTOWN PIKE, SUITE 200
PLYMOUTH MEETING, FL 31962



2. Principal Place of Business - No P.O. Box #
420 Lexington Avenue
Suite, Apt. #, etc. 7th Floor

3. Mailing Address
420 Lexington Ave
Suite, Apt. #, etc. 7th Floor

11052007 REIN-LLC CR2E101 (1/07)

City & State
New York, NY
Zip 10170

City & State
New York, NY
Zip 10170

4. FEI Number
20-5657205
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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Judith Reyes*
Signature, typed or printed name of registered agent and title if applicable.

Judith Reyes
Asst. Secretary

11/5/07
DATE

(NOTE: Registered Agent signature required when reinstating)

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 CENTRO SATURN LLC
STREET ADDRESS 580 W. GERMANTOWN PIKE, SUITE 200
CITY-ST-ZIP PLYMOUTH MEETING, FL 31962 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE AIGR
NAME Centro Saturn LLC
STREET ADDRESS 420 Lexington Avenue 7th Floor
CITY-ST-ZIP New York, NY 10170 ☒ Change ☐ Addition

500112451105
11/20/07--01014--005 **\$150.00 ☐ Change ☐ Addition

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

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

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

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

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:

John Braddon

John Braddon

(212) 869-3000

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

Date

Daytime Phone #