

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000006513

FILED
Oct 26, 2009
Secretary of State

Entity Name: TIC WATERMARK ISLAMORADA 12 LLC

Current Principal Place of Business:

C/O SOUTHFORK DEVELOPMENT GROUP
5110 HILLSDALE CIRCLE, SUITE 300
EL DORADO HILLS, CA 95762

New Principal Place of Business:

Current Mailing Address:

C/O SOUTHFORK DEVELOPMENT GROUP
5110 HILLSDALE CIRCLE, SUITE 300
EL DORADO HILLS, CA 95762

New Mailing Address:

C/O PHOENIXCOR PROPERTIES
P.O. BOX 456
LITCHFIELD, CT 06759

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: WAYNE RAFANELLI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHOENIXCOR PROPERTIES, INC.
Address: 54 NORFOLK ROAD
City-St-Zip: LITCHFIELD, CT 06759

Title: MGRM () Delete
Name: MCCARTHY, BRIAN
Address: 5110 HILLSDALE CIRCLE, SUITE 300
City-St-Zip: EL DORADO HILLS, CA 95762

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: YOUNGLING, JAMES A
Address: 54 NORFOLK ROAD
City-St-Zip: LITCHFIELD, CT 06759 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A. YOUNGLING

MGR

10/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date