04-17-2008 90170 048 ***277.50
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2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 MAY -1 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500014253

DOCUMENT # M06000006747

1. Entity Name
CSC MAYFAIR OWNER GP, LLC

Principal Place of Business	Mailing Address
250 S. AUSTRALIAN AVE., SUITE 1003 WEST PALM BEACH, FL 33401	250 S. AUSTRALIAN AVE., SUITE 1003 WEST PALM BEACH, FL 33401

02282008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1801 S. Australian Ave	1801 S. Australian Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FL	City & State: WEST PALM BEACH FL
Zip: 33409 Country	Zip: 33409 Country

4. FEI Number: 20-5984821 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHLESINGER, ADAM 777 S. FLAGLER DRIVE, STE. 215-E WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1801 S. Australian Ave West Palm Beach FL 33409
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHLESINGER, JASON 777 S. FLAGLER DRIVE, STE. 215-E WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1801 S. Australian Ave West Palm Beach FL 33409
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 07-08	☐ 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

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] Adam Schlesinger 2/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #