

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M07000003817

FILED
Oct 07, 2008
Secretary of State

Entity Name: MARTA AT MAGNOLIA PARK LLC

Current Principal Place of Business:

5401 S. KIRKMAN ROAD, STE. 310
ORLANDO, FL 32819

New Principal Place of Business:

5401 S. KIRKMAN ROAD, STE. 680
ORLANDO, FL 32819

Current Mailing Address:

5401 S. KIRKMAN ROAD, STE. 310
ORLANDO, FL 32819

New Mailing Address:

5401 S. KIRKMAN ROAD, STE. 680
ORLANDO, FL 32819

FEI Number: 26-0334817 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEW, CHRISTOPHER L
5401 S. KIRKMAN ROAD, STE. 680
ORLANDO, FL 32819 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: CHRISTOPHER NEW

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FARE MARTA AT MAGNOL, IA PARK LLC
Address: 2600 VIRGINIA AVE., N.W., SUITE 715
City-St-Zip: WASHINGTON, DC 20037

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORE MARTA AT MAGNOL, IA PARK LLC
Address: 2600 VIRGINIA AVE., N.W., SUITE 715
City-St-Zip: WASHINGTON, DC 20037

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: RICHARD FORE, MANAGING MEMBER

MEMB

10/07/2008

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