## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# M9900000014

Name:

Address:

City-St-Zip:

304 GILBERT ROAD

DILLSBURG, PA 17019

Entity Name: MONARCH PROPERTIES OF NAPLES, LLC.

FILED Feb 07, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7125 THOMAS EDISON DR SUITE 225 COLUMBIA, MD 21046 **Current Mailing Address: New Mailing Address:** 7125 THOMAS EDISON DR SUITE 225 COLUMBIA, MD 21046 FEI Number: 59-3545811 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: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: TIMOTHY J. TRYBUS Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete POOLE, JOHN Name: Name: 12190 WELLESLEY CT. Address: Address: City-St-Zip: FT. MYERS, FL 33913 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: TRYBUS, TIMOTHY J Name: Address: 5921 MAPLEWOOD PARK PLACE Address: City-St-Zip: BETHESDA, MD 20814 City-St-Zip: Title: MGR () Delete Title: () Change () Addition AUMAN, MATTHEW F Name: Name: 400 OAK FOREST AVENUE Address: Address: City-St-Zip: CATONSVILLE, MD 21228 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition NICHOLSON, TIMOTHY

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY J. TRYBUS 02/07/2006