~	PLEASE READ	ALL INSTRU	JCTIONS BEFORE	COMPLET	ING THIS FORM.		
С	ED LIABILITY COMPANY ISTATEMENT	Sec	EPARTMENT OF STATE cretary of State		SECRETARY OF THE SECRET	A Composition to	
DOCUMENT # M9900001142 1. Limited Liability Company's Name						1	
l	vstone Development Compa	ny, LLC	UY			10	
2. Principal Office Address 3. Mailing O			Address	/ /			
222 W. Las Colinas Blvd. 222 W.			Las Colinas Blvd. 4. State/C		ountry of Formation		
Suite, Apt. #, etc. Suite, Apt. #,					Delaware		
Suite 2100 Suite		Suite 2100			rganized or Qualified Business in Florida		
		City & State	,		7/22/1999	1 1 1 1 1 1	
Irvin	ng, TX	Irving, T	×	6. FEI Numb		Applied For	
Zip	Country	Zip Zip	Country	75-27333		Not Applicable	
75039	USA	75039	USA	CERTIFICAT		Additional Fee required Certificate of Status	
	1	8. Name	e and Address of Current Regist	ered Agent	<u> </u>		
	Name						
	Corporation Service Company						
	Street Address (P.O. Box Number is Not Acceptable)						
	1201 Hays Street						
	Suite, Apt. #, Etc.						
	City Tallahassee			_ _	State Zip Code FL 32301		
G bains			Little				
Signature o Registered		Skipper	Deborah D. Must sign Asst. V.	Skinner	Date 4/18/03	3	
40 Norma	Address						
10. Name	es and Street Addresses of Managing Me	Charact Address of East		T			
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
	SEE ATTACHED		· · · · · · · · · · · · · · · · · · ·				
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		.	-				
	OFINC'	TATEN!	ENT 2004-	2005			
	HEIRO	# 54 1 1-111		-	400051104	1204	
		_ :					
filing the all fees as if n	fy that I am managing member/manager his reinstatement application the reason f s owed by the limited liability company ha nade under oath. of Member/Manager	or dissolution has been ve been paid. The info	n eliminated, the limited liability colormation indicated on this application	mpany name satisfi on is true and accur	ies the requirements of section 608	.406, F.S., and that he same legal effect	
Typed or printed name of signing Managing Member/Manager Michael B. Lanahan							