

**LD1000022199**

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**L. SELLERS**

From:  
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**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY REINSTATEMENT**

**GRAUGNARD PLACE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$655.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L01000022199

1. Limited Liability Company's Name

Graugnard Place, LLC

REINSTATEMENT

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 4401 N. Mesa Street		3. Mailing Office Address 4401 N. Mesa Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State El Paso, Texas		City & State El Paso, Texas	
Zip 79902	Country USA	Zip 79902	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/20/2001	
6. FEI Number 300019638	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

8. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  
Signature of Registered Agent: Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY Date: \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Merritt Housing GP, LLC	4401 N. Mesa Street	El Paso, Texas 79902

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [Signature] Date: 4/25/08 Daytime Phone # 915 533-1122  
By: Wm. C. Sanders, EVP  
Typed or printed name of signing Managing Member/Manager: By: Merritt Heng GP, LLC; By: TWC Heng; By: Hunt ELP, Ltd.; By: HB GP, LLC