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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2004 AUG 13 PM 3:04

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

DOCUMENT # L02000031624

1. Limited Liability Company's Name Tamarac Apartments LLC c/o Altman Development Corp. 1515 S Federal Hwy Suite 300 Boca Raton, FL 33432

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

81-0582529

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jeffrey A Deutch, PA

Street Address (P.O. Box Number is Not Acceptable)

7777 Glades Road

Suite, Apt. #, Etc.

Suite 300

City

Boca Raton

State

FL

Zip Code

33434

900038547355 07/01/04 01034-001 \*\*150.00

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

[Signature]

Date

8-12-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, CG Tamarac LLC, 1515 S Federal Hwy, Suite 300, Boca Raton, FL 33432

REINSTATEMENT 2003-04

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

By: Altman Development Corporation, Member [Signature]

Date

4/27/04

Daytime Phone #

561 997 8661

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)



ALTMAN MANAGEMENT COMPANY

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2004 AUG 13 PM 3:05

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

June 28, 2004

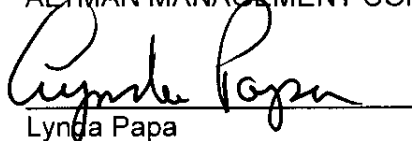
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

REF: Tamarac Apartments LLC  
L02000031624

Enclosed is the revised form listing the Managing Member.

Please note there has been no changes made to the information. We used this blank form, only because we did not receive the prepared form from the Florida Department of State.

Very truly yours,  
ALTMAN MANAGEMENT COMPANY

  
Lynda Papa