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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L03000004524</b>			
1. Limited Liability Company's Name <b>Caney Run, LLC</b>			
2. Principal Office Address - No P.O. Box # <b>4401 N. Mesa Street</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <b>4401 N. Mesa Street</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>El Paso, Texas</b>		City & State <b>El Paso, Texas</b>	
Zip <b>79902</b>	Country <b>USA</b>	Zip <b>78902</b>	Country <b>USA</b>
4. State/Country of Formation <b>Florida</b>		5. Date Organized or Qualified To Do Business in Florida <b>02/06/2003</b>	
6. FEI Number <b>300019638</b>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		8. 01 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name <b>CT Corporation System</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>			
<small>Suite, Apt. #, Etc.</small>			
City <b>Plantation</b>	State <b>FL</b>	Zip Code <b>33324</b>	
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: <u><i>Connie Bryan</i></u> <b>CONNIE BRYAN</b> <small>SPECIAL ASSISTANT SECRETARY</small> Date: _____ <b>REGISTERED AGENT MUST SIGN</b>			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Merritt Housing GP, LLC	4401 N. Mesa Street	El Paso, Texas 79902
<b>REINSTATEMENT</b>			
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 508.406, 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: <u><i>Win Sanders</i></u>		Date: <u>4/25/08</u> Daytime Phone: <u>915 533-1122</u>	
Typed or printed name of signing Managing Member/Manager: <u>By: Win. C. Sanders, CVP</u> <u>By: Merritt Heng GP, LLC;</u> <u>By: TWC Heng;</u> <u>By: Hunt ELP, Ltd.;</u> <u>By: HB GP, LLC</u>			

DR. Thomas APR 27 2008

Florida Department of State  
Division of Corporations  
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LIMITED LIABILITY REINSTATEMENT

CANEY RUN, LLC

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Thomas APR 20 2008