

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000055214

1. Entity Name
9781 BAY HARBOR INVESTORS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -9 PM 3: 58

Principal Place of Business ATTN: LEGAL DEPT. 1040 AVENUE OF THE AMERICAS, 18TH FLOOR NEW YORK, NY 10018	Mailing Address ATTN: LEGAL DEPT. 1040 AVENUE OF THE AMERICAS, 18TH FLOOR NEW YORK, NY 10018
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11112008 REIN-LLC CR2E101 (1/07)

4. FEI Number 26-0263224	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANT, ROSE 1040 AVENUE OF THE AMERICAS, 18TH FLOOR NEW YORK, NY 10018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000138695990 12/08/08--01063--018 **138.75
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REINSTATEMENT 2008

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: Rose Grant, Managing Member Date: Nov. 12, 2008 Daytime Phone #: (212) 944-9700