


APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M00000000 565

1. Limited Liability Company's Name
 Related Tampa, L.L.C.

REINSTATEMENT 2001

2. Principal Office Address ATTN: Lesley Benjamin Suite, Apt. # <i>of the Related Companies L.P.</i> 625 Madison Avenue City & State New York, NY Zip 10022		3. Mailing Office Address ATTN: Lesley Benjamin Suite, Apt. # <i>of the Related Companies L.P.</i> 625 Madison Avenue City & State New York, NY Zip 10022		4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 3/23/00		6. FEI Number 13-4163942		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					

8. Name and Address of Current Registered Agent

Name
 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street

Suite, Apt. #, Etc.

City
 Tallahassee

State
 FL

Zip Code
 32301

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-11/27/01--01079-013
***150.00 ***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]* **Brian Courtney as its agent** Date 11-20-01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M	Related Capital Company	C/O The Related companies, L.P., 625 Madison Avenue	New York, NY 10022

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 10/26/01 Daytime Phone # 212 421 5333

Typed or printed name of signing Managing Member/Manager Alan P. Hirmes

CR2E041 (9/00)