

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

M01000001656

LIMITED LIABILITY COMPANY REINSTATEMENT



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

03 JAN 23 PM 2:10

SECRETARY OF STATE TALLAHASSEE FLORIDA

MJM

DOCUMENT # M01000001656

1. Limited Liability Company's Name

S.E. Residential West LLC

2. Principal Office Address

950 Third Avenue

Suite, Apt. #, etc.

18th Floor

City & State

New York, NY

Zip

10022

Country

USA

3. Mailing Office Address

950 Third Avenue

Suite, Apt. #, etc.

18th Floor

City & State

New York, NY

Zip

10022

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified To Do Business in Florida

7/24/2001

6. FEI Number

13-4181526

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

1/23 2002-2003

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

32301-2525

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

Sylvia M. White REGISTERED AGENT MUST SIGN

Date

1/22/03

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
MGRM	The Praedium Performance Fund IV, L.P	950 Third Ave, 18th Flr	New York, NY 10022

500010671775

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

A. Floyd Cottin

Date

1/17/03

Daytime Phone # 212-224-5600

Typed or printed name of signing Managing Member/Manager

A. Floyd Cottin, Vice President of General Partner of Managing Member

CR2E041 (9/01)