


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02-2531					
1. Limited Liability Company's Name FRETUS INVESTORS JACKSONVILLE LLC					
2. Principal Office Address 600 UNIVERSITY ST, STE 2500 Suite, Apt. #, etc.			3. Mailing Office Address 600 UNIVERSITY ST, STE 2500 Suite, Apt. #, etc.		
City & State SEATTLE, WA Zip 98101 Country USA		City & State SEATTLE, WA Zip 98101 Country USA		4. State/Country of Formation DELAWARE, USA	
				5. Date Organized or Qualified To Do Business in Florida 9/24/02	
				6. PEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

8. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

9. I, being appointed the registered agent of the above named limited liability company, am for the purposes of this application of Chapter 608, F.S.

Signature of Registered Agent *Conce Bay* **SPECIAL ASSISTANT SECRETARY** Date 2/26/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FRETUS INVESTORS LLC	600 UNIVERSITY ST, STE 2500	SEATTLE, WA 98105

REINSTATEMENT 03-04

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 included 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 *Daniel R. Baty* Date 2/13/04 Daytime Phone # (206)728-9063

Typed or printed name of signing Managing Member/Manager **DANIEL R. BATY**

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

FRETUS INVESTORS JACKSONVILLE LLC

Certificate of Status	0
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