


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|--|-----------------------|---|-----------------------|
| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # MA2-2532 1. Limited Liability Company's Name FRETUS INVESTORS ORANGE PARK LLC | | | |
| 2. Principal Office Address 600 UNIVERSITY ST, STE 2500 Subt. Apt. #, etc. | | 3. Mailing Office Address 600 UNIVERSITY ST, STE 2500 Subt. Apt. #, etc. | |
| City & State SEATTLE, WA | | City & State SEATTLE, WA | |
| Zip 98101 | Country USA | 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. FEI Number | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | |

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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| | | |
|--|--------------------|--------------------------|
| 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 | | |
| Subt. Apt. #, Etc. | | |
| City PLANTATION | State FL | Zip Code 33324 |

9. I, being appointed the registered agent of the above named limited liability company, am not a resident of this state and do not have a principal office in this state.

Signature of Registered Agent: *Caine Bryan* **COWNE BRYAN**
 REGISTERED AGENT MUST SIGN

Date: 2/26/04 **SPECIAL ASSISTANT SECRETARY**

| 10. Name and Street Address of Managing Members/Managers | | | |
|--|-----------------------------------|--|--------------------|
| Title | Name of Managing Members/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
TC

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 608.408, 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: *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
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Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

LIMITED LIABILITY REINSTATEMENT

FRETUS INVESTORS ORANGE PARK LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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