


**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

2005 DEC 29 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700052478437

DOCUMENT # M02000002745					
1. Entry Name 3111 S. DIXIE HIGHWAY MM, LLC					
Principal Place of Business C/O URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004			Mailing Address C/O URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05 NJ	
4. FEI Number 01-0748502			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Cynthia L. Harris</u> Cynthia L. Harris as its agent DATE <u>12/29/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u>Robert Stark</u> ROBERT STARK Vice President, Asset Management Date <u>(212) 612-9091</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



12082005 REIN-LLC CR2E101 (6/04)

REINSTATEMENT 2005



M02000002745

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 155.00

ORDER DATE : December 29, 2005

ORDER TIME : 10:56 AM

ORDER NO. : 783948-125

CUSTOMER NO: 5170790

[Signature]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: 3111 S. DIXIE HIGHWAY MM, LLC

XX REINSTATEMENT

RECEIVED
05 DEC 29 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris EXT 2937

EXAMINER'S INITIALS _____