

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
 04 SEP 17 PM 1:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # M02000002908

1. Limited Liability Company's Name

BCM/CHI Eden Roc Owner, LLC

*hjk*

2. Principal Office Address 299 Park Ave Suite, Apt. #, etc. FI21-23 c/o Blackacre Cap Mg City & State New York, NY Zip 10171		Country USA		3. Mailing Office Address 299 Park Ave Suite, Apt. #, etc. FI21-23 c/o Blackacre Cap Mgl City & State New York, NY Zip 10171		Country USA	
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4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 11/04/02	
6. FEI Number 03-0493047	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" 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		500041131925
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

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 <i>JRK</i>	<b>Jeanine Reynolds</b> as its agent	Date 9-17-04
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
PTD	Ronald Kravit	299 Park Avenue, FL 21-23	New York, NY 10171
VSD	Jeffrey Citrin	299 Park Avenue, FL 21-23	New York, NY 10171
ID	Kenneth Uva	1209 Orange Street	Wilmington, DE 19801
ID	Victor Duva	1209 Orange Street	Wilmington, DE 19801
<b>REINSTATEMENT 2003-2004</b>			

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 <i>JC</i>	Date 9/14/04	Daytime Phone # 9785227004
Typed or printed name of signing Managing Member/Manager Jeffrey Citrin		



CORPORATION SERVICE COMPANY

M02000002908

ACCOUNT NO. : 072100000032

REFERENCE : 890959 7272639

AUTHORIZATION : Patricia Piguts

COST LIMIT : \$ ~~205.00~~

ORDER DATE : September 17, 2004

205.00

ORDER TIME : 1:12 PM

ORDER NO. : 890959-005

CUSTOMER NO: 7272639

BJK

CUSTOMER: Ms. Joy Mitchell  
Capital Hotel Management  
Suite 231g  
100 Cummings Center  
Beverly, MA 01915

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TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: BCM/CHI EDEN ROC OWNER, LLC

RECEIVED  
04 SEP 17 PM 2:49  
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman  
EXAMINER'S INITIALS \_\_\_\_\_