

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M0200003159

1. Limited Liability Company's Name
WE Apartments LLC
111 Huntington Avenue, 31st Floor
Boston, MA 02199-7610

200025602722
12/16/03--01039--007 **150.00

2. Principal Office Address 111 Huntington Avenue Suite, Apt. #, etc. 31st Floor City & State Boston, MA Zip 02199		Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
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4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 11/27/02	
6. FEI Number 71-0914993	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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 familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN Date 12/16/2003

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
MGR	WM Apartments L.P.	545 E. John W. Carpenter Freeway, Suite 550	Irving, TX 75062

REINSTATEMENT 2003

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 Jack E. Davis **Jack E. Davis** General Partner of WM Apartments L.P. Managing Member Date 11/20/03 Daytime Phone # 972-869-5400

Typed or printed name of signing Managing Member/Manager JACK E. DAVIS

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