


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # M02000003159 1. Entity Name WE APARTMENTS LLC |  |
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FILED

04 OCT 29 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 111 HUNTINGTON AVENUE, 31ST FLOOR BOSTON, MA 02199 | Mailing Address 111 HUNTINGTON AVENUE, 31ST FLOOR BOSTON, MA 02199 |
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RJR



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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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10262004 REIN-LLC CR2E101 (6/04)

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| 4. FEI Number 71-0914993 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 *Connie Boyer, Special Asst Secy* 10/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
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| FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
|---|--|--|

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--|
| TITLE | MGR <input type="checkbox"/> Delete |
| NAME | WM APARTMENTS L.P. |
| STREET ADDRESS | 545 E. JOHN W. CARPENTER FREEWAY; #550 |
| CITY-ST-ZIP | IRVING, TX 75062 |

10. ADDITIONS/CHANGES

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1431 Greenway Dr. Ste 710 |
| STREET ADDRESS | Irving, Tx 75038 |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

REINSTATEMENT 2004

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Scotty ...* 10/26/04 972-869-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #