


# M03000000214

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

100074693891

**DOCUMENT #** M03000000214

**1. Limited Liability Company's Name**  
S.E. Residential Brandywyne Associates LLC

04

FILED

2006 MAY 16 PM 4: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BAC

**2. Principal Office Address**  
825 Third Avenue  
Suite, Apt. #, etc: 36th Floor  
City & State: New York, New York  
Zip: 10022 Country: USA

**3. Mailing Office Address**  
same  
Suite, Apt. #, etc:  
City & State:  
Zip: Country:

**4. State/Country of Formation**  
Delaware

**5. Date Organized or Qualified To Do Business In Florida**  
1/21/2006

**6. FEI Number**  
54-2094459

**7. CERTIFICATE OF STATUS DESIRED**  \$2.00 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  
Suite, Apt. #, Etc.:  
City: Tallahassee State: FL Zip Code: 32301-2525

**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: Laura R. Dunlap Date: 5/16/06  
REGISTERED AGENT MUST SIGN Laura R. Dunlap as its agent

**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
MGRM	Southeast Residential II Associates LLC	825 Third Avenue, 36th Floor	New York, New York 10022

## REINSTATEMENT 2004-2006

**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: Jeffrey Hertz Date: 5/16/06 Daytime Phone # \_\_\_\_\_  
Typed or printed name of signing Managing Member/Manager: Jeffrey Hertz, V.P.

CR20041 (10/02)



CORPORATION SERVICE COMPANY

M03000000214

ACCOUNT NO. : 072100000032

REFERENCE : 109809 4348715

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 255.00

ORDER DATE : May 16, 2006

ORDER TIME : 1:54 PM

ORDER NO. : 109809-005

CUSTOMER NO: 4348715

*BK*

FILED  
2006 MAY 16 PM 4:27  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

REINSTATEMENT

NAME: S. E. RESIDENTIAL BRANDYWYNE ASSOCIATES LLC

RECEIVED  
06 MAY 16 PM 2:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS \_\_\_\_\_