

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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06 JUL 27 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700078076407

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000001486

1. Limited Liability Company's Name
Credit Properties GP LLC

05

NK

2. Principal Office Address c/o CharterMac		3. Mailing Office Address c/o CharterMac	
Suite, Apt. #, etc. 625 Madison Avenue		Suite, Apt. #, etc. 625 Madison Avenue	
City & State New York, New York		City & State New York, New York	
Zip 10022	Country USA	Zip 10022	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida April 19, 2004	
6. FEI Number 20-0755024	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
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 Cynthia R. Harris **Cynthia L. Harris as its agent** Date 7/27/06

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
MGR	RCC Manager LLC	c/o CharterMac, 625 Madison Avenue	New York, New York 10022
		c	
REINSTATEMENT 2005-2006			

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 Alan Hirmes Date July 26, 2006 Daytime Phone # (212) 317-5700

Typed or printed name of signing Managing Member/Manager Alan Hirmes, President of the Manager



CORPORATION SERVICE COMPANY

M04000001486

RECEIVED

06 JUL 27 PM 4:06

ACCOUNT NO. : 072100000032

REFERENCE : 271328 7232404

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 000.00

FLORIDA STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : July 27, 2006

ORDER TIME : 1:54 PM

ORDER NO. : 271328-005

CUSTOMER NO: 7232404

BK

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: CREDIT PROPERTIES GP LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____