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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS																					
<b>DOCUMENT #</b> M04000001486 <b>1. Limited Liability Company's Name</b> CREDIT PROPERTIES GP LLC																							
<b>2. Principal Office Address - No P.O. Box #</b> c/o CENTERLINE CAPITAL GROUP Suite, Apt. #, etc. 625 MADISON AVE., 5th FLOOR City & State NEW YORK NY Zip                      Country 10022                      USA		<b>3. Mailing Office Address</b> c/o CENTERLINE CAPITAL GROUP Suite, Apt. #, etc. 625 MADISON AVE., 5th FLOOR City & State NEW YORK NY Zip                      Country 10022                      USA																					
<b>4. State/Country of Formation</b> DELAWARE		<b>5. Date Organized or Qualified To Do Business in Florida</b> April 19, 2004																					
<b>6. FEI Number</b> 20-0755024		Applied For <input type="checkbox"/> Not Applicable																					
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status																					
<b>8. Name and Address of Current Registered Agent</b> Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City                      State                      Zip Code Plantation                      FL                      33324																							
<b>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.</b> Signature of Registered Agent _____ Date _____ <p style="text-align: center;"><b>REGISTERED AGENT MUST SIGN</b></p>																							
<b>10. Names and Street Addresses of Managing Members/Managers</b> <table border="1" style="width: 100%;"> <thead> <tr> <th>Title</th> <th>Name of Managing Member/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>CENTERLINE MANAGER LLC</td> <td>625 MADISON AVE., 5th FLOOR</td> <td>NEW YORK, NY 10022</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	CENTERLINE MANAGER LLC	625 MADISON AVE., 5th FLOOR	NEW YORK, NY 10022												
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<b>REINSTATEMENT 57-08</b>																							
<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 608.408, 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.</b> Signature of Managing Member/Manager <u>Patrick J. Martin</u> Date <u>02/22/2008</u> Daytime Phone # <u>(212) 317-5700</u> Typed or printed name of signing Managing Member/Manager <u>Patrick J. Martin, Executive Vice President of the Manager</u>																							

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LIMITED LIABILITY REINSTATEMENT

CREDIT PROPERTIES GP LLC

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