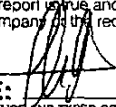


**2006 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # M04000002393 1. Entity Name ARBOUR WALK DEVELOPERS, LLC					
Principal Place of Business 50 CALIFORNIA STREET STE 200 SAN FRANCISCO, CA 94111			Mailing Address 50 CALIFORNIA STREET STE 200 SAN FRANCISCO, CA 94111		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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. Sara Lea as its agent 10-16-06 DATE					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWER/BHE AW INVESTOR LLC 50 CALIFORNIA ST STE 200 SAN FRANCISCO, CA 94111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080889598	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Chris Neumann, Assistant Secretary of BlackRock Realty Advisors, Inc., its Manager					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 10/09/06 Daytime Phone # 678-2138	

FILED

06 OCT 16 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10062006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-1255560

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

 TITLE
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CITY-ST-ZIP
MGR
TOWER/BHE AW INVESTOR LLC
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(415)

Chris Neumann, Assistant Secretary of

BlackRock Realty Advisors, Inc., its Manager

10/09/06

678-

2138

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



M 04000002393

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 528627 7171451

AUTHORIZATION :

COST LIMIT : \$ 150.00

Sara Lea

FILED
06 OCT 16 AM 11:01
TALLAHASSEE, FLORIDA

ORDER DATE : October 16, 2006

ORDER TIME : 3:53 PM

ORDER NO. : 528627-005

CUSTOMER NO: 7171451

BK

REINSTATEMENT

NAME: ARBOUR WALK DEVELOPERS, LLC

FILED
06 OCT 16 PM 4:13
TALLAHASSEE, FLORIDA

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 _____