10/13/06 13:20 FAX 415 678 2296 BLACKROCK REALTY 001

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
06 OCT 16 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000002393

1. Entity Name
ARBOUR WALK DEVELOPERS, LLC

Principal Place of Business	Mailing Address
50 CALIFORNIA STREET STE 200 SAN FRANCISCO, CA 94111	50 CALIFORNIA STREET STE 200 SAN FRANCISCO, CA 94111

06

10062006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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] Sara Lea as its agent 10-16-06
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 $200.00

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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800080889598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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

REINSTATEMENT 2006

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: [signature] Chris Neumann, Assistant Secretary of BlackRock Realty Advisors, Inc., its Manager 10/09/06 (415) 678-2138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC

CORPORATION SERVICE COMPANY

M04000002393

ACCOUNT NO. : 072100000032

REFERENCE : 528627 7171451

AUTHORIZATION :

COST LIMIT : $ 150.00

FILED
06 OCT 16 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 16, 2006

ORDER TIME : 3:53 PM

ORDER NO. : 528627-005

CUSTOMER NO: 7171451

REINSTATEMENT

FILED
06 OCT 16 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME: ARBOUR WALK DEVELOPERS, 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 _____