


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<p style="text-align: center;"><b>FILED</b>  <b>08 OCT -3 AM 9: 15</b>          SECRETARY OF STATE          TALLAHASSEE, FLORIDA</p> <p style="text-align: center;">CR2E041 (12/07)</p>	
<b>DOCUMENT # M05000000833</b> 1. Limited Liability Company's Name <b>TA Cresthaven, LLC</b>					
2. Principal Office Address - No P.O. Box # <b>2601 South Military Trail</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <b>28 State Street</b> <small>Suite, Apt. #, etc.</small> <b>10th Floor</b>			
City & State <b>West Palm Beach, FL</b>		City & State <b>Boston, MA</b>		4. State/Country of Formation <b>DE</b>	
Zip <b>33415</b>	Country <b>USA</b>	Zip <b>02109</b>	Country <b>USA</b>	5. Date Organized or Qualified To Do Business in Florida <b>2/14/2005</b>	
6. FEI Number <b>341995692</b>				Applied For <input type="checkbox"/> 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 <b>Corporation Service Company</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>					
Suite, Apt. #, Etc.					
City <b>Tallahassee</b>			State <b>FL</b>	Zip Code <b>32301</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.					
Signature of Registered Agent <i>Shirley Bellant</i>				Date <b>10/3/08</b>	
<small>REGISTERED AGENT MUST SIGN</small>					
10. Names and Street Addresses of Managing Members/Managers					
<b>MG-RM</b>	<b>The Realty Associates Fund VII LP</b>	<b>28 State Street, 10th Floor</b>		<b>Boston, MA 02109</b>	
<b>REINSTATEMENT 2008</b>					
<b>400136651674</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 608.406, 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 <i>Michael Ruane</i>				Date <b>10/2/08</b> Daytime Phone # <b>617-476-2700</b>	
Typed or printed name of signing Managing Member/Manager <b>Michael A. Ruane</b>					



CORPORATION SERVICE COMPANY

M05000000833

RECEIVED  
08 OCT -3 PM 1:59

ACCOUNT NO. : 072100000032

REFERENCE : 745383

FLORIDA STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
5138497

AUTHORIZATION

COST LIMIT : \$ 238.75

ORDER DATE : October 2, 2008

ORDER TIME : 11:20 AM

ORDER NO. : 745383-005

CUSTOMER NO: 5138497

FILED  
08 OCT -3 AM 9:15  
DIV OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: TA CRESTHAVEN, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS