
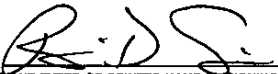


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 18 PM 12:04

DOCUMENT # M96000000211 1. Entity Name MUNICIPAL MORTGAGE & EQUITY, LLC									
Principal Place of Business 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202			Mailing Address 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		10182005 REIN-LLC CR2E101 (6/04)					
Zip		Country		4. FEI Number 52-1449733					
				Applied For <input type="checkbox"/> Not Applicable					
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	CEO JOSEPH, MARK K 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Stephen A. Goldberg 621 East Pratt Ste 300 Baltimore MD 21202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALCONE, MICHAEL L 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Brian Sims 621 East Pratt Street, 300, Balt, MD 21202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENTESANA, GARY A 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061554976 11/18/05--01059--023 **150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, WILLIAM S 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT GIBSON, SHEILA R 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCHUGH, JANET E 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Brian D Sims		10/19/05		443-263-2883	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #			