

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M99000001271

LIMITED LIABILITY COMPANY REINSTATEMENT



DIVISION OF CORPORATIONS

FILED
03 NOV 25 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001271
1. Limited Liability Company's Name
JEFFERSON COMMONS - WLB GP LLC

2. Principal Office Address 600 E. LAS COLINAS BLVD Suite, Apt. #, etc. #1800 City & State IRVING, TX Zip 75039		Country USA		3. Mailing Office Address P.O. BOX 619091 Suite, Apt. #, etc. City & State DALLAS, TX Zip 75261-9091		Country USA	
--	--	----------------	--	--	--	----------------	--

4. State/Country of Formation DELAWARE	
5. Date Organized or Qualified To Do Business in Florida 8/11/99	
6. FEI Number 75-2833587	Applied For 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
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
Suite, Apt. #, Etc.
City
TALLAHASSEE
State
FL
Zip Code
32301

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 *Camela Thompson* Date 11/24/03
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JPI/MIDLAND VENTURE 2003 LP	600 E. LAS COLINAS BLVD #1800	IRVING, TX 75039
REINSTATEMENT 2003			100025031411

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 *Clay A. Parker* Date 11-21-03 Daytime Phone# _____
Typed or printed name of signing Managing Member/Manager Clay A. Parker
Executive Vice President and Senior Operational Partner
Financial Services

CR20041 (10/02)



CORPORATION SERVICE COMPANY

M 9900000 12 71

ACCOUNT NO. : 072100000032

REFERENCE : 335540 7225656

AUTHORIZATION : Patricia Pizeto

COST LIMIT : \$ 150.00

ORDER DATE : November 24, 2003

ORDER TIME : 9:51 AM

ORDER NO. : 335540-005

CUSTOMER NO: 7225656

CUSTOMER: Ms. Christy Daily
Jpi Companies
Suite 1800
600 East Colinas Blvd.
Irving, TX 75039

BL

03 NOV 25 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

REINSTATEMENT

NAME: JEFFERSON COMMONS - WLB GP LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

RECEIVED
03 NOV 25 PM 12:59
DIVISION OF CORPORATION