


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # M02000002741		
1. Entity Name 3111 S. DIXIE HIGHWAY, LLC		

2005 DEC 29 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800062473428



Principal Place of Business 30 BROAD STREET, 31ST FLOOR C/O URBANAMERICA NEW YORK, NY 10004	Mailing Address 30 BROAD STREET, 31ST FLOOR C/O URBANAMERICA NEW YORK, NY 10004
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12082005 REIN-LLC CR2E101 (6/04)

4. FEI Number 01-0748502	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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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.	
SIGNATURE <u>Cynthia L. Harris</u>	DATE <u>12/29/05</u>
NOTE: Registered Agent signature required when reinstating	

FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C/O URBAN AMERICA 30 BROAD ST, 31ST FLOOR NEW YORK, NY 10004 <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	<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	<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	<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	<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	<input 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: <u>Robert Stark</u>	ROBERT STARK Vice President, Asset Management (212) 612-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	



CORPORATION SERVICE COMPANY

M02000002741

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : December 29, 2005

ORDER TIME : 10:55 AM

ORDER NO. : 783948-115

CUSTOMER NO: 5170790

REINSTATEMENT

[Signature]

NAME: 3111 S. DIXIE HIGHWAY, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 29 PM 12:55

RECEIVED

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris EXT 2937

EXAMINER'S INITIALS _____