


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 DEC 29 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32301

DOCUMENT # M00000001428	
1. Entity Name 4150 FORD STREET, FT. MEYERS, FLORIDA MM, LLC	

Principal Place of Business 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004	Mailing Address 30 BROAD STREET, 31ST FLOOR 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



11292005 REIN-LLC CR2E101 (6/04)

4. FEI Number 13-4126889	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  WASKFOTO, L C/O HOLLAND & KNIGHT 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131
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7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL 32301
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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> Signature typed or printed name of registered agent and title if applicable	Cynthia L. Harris as its agent	12/29/05 DATE
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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 URBANAMERICA LP 30 BROAD STREET, 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 606, Florida Statutes.	ROBERT STARK Vice President, Asset Management	12/29/05 Date
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone (212) 412-9091



m00000001428

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED  
2005 DEC 29 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : December 29, 2005

ORDER TIME : 10:49 AM

ORDER NO. : 783948-065

CUSTOMER NO: 5170790

*BK*

REINSTATEMENT

NAME: 4150 FORD STREET, FT. MYERS,  
FLORIDA MM, LLC

RECEIVED  
05 DEC 29 PM 12:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_