

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 DEC 29 PM 4:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 100022

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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

05



11292005 REIN-LLC CR2E101 (8/04)

City & State

4. FEI Number: 13-4126889
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WASKFOBTO, L
 C/O HOLLAND & KNIGHT
 701 BRICKELL AVENUE, SUITE 3000
 MIAMI, FL 33131

Handwritten initials: BK

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 Zip Code: 32301

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: *Cynthia L. Harris*
 as its agent
 DATE: 12/29/05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

(NOTE: Registered Agent signatures required when reinstating)

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URBANAMERICA LP <input type="checkbox"/> Delete 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2005

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: *Robert Stark*
 Vice President, Asset Management
 Date: 12/29/05
 Daytime Phone: (212) 418-9091



M00000001428

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 155.00

2005 DEC 29 PM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ORDER DATE : December 29, 2005

ORDER TIME : 10:49 AM

ORDER NO. : 783948-065

CUSTOMER NO: 5170790

[Handwritten initials]

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 _____