


M03000000222

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Limited Liability Company's Name
S. E. Residential Central Associates LLC

2. Principal Office Address
825 Third Avenue
Suite, Apt. #, etc.
36th Floor
City & State
New York, New York
Zip
10022

3. Mailing Office Address
same
Suite, Apt. #, etc.
City & State
Zip
USA

200674
05
h/c

2006 MAY 16 PM 4:44
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business In Florida
1/21/2003

6. FEI Number
54-2094463

7. CERTIFICATE OF STATUS DESIRED \$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
32301-2525

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 *Laura R. Dunlap* **Laura R. Dunlap** as its agent Date **5/16/06**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Southeast Residential II Associates LLC	825 Third Avenue, 36th Floor	New York, New York 10022

REINSTATEMENT 2005-2006

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 *Jeffrey Hertz* Date **5/16/06** Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **Jeffrey Hertz, V.P.**

CR2004 (10/02)



MO 30 00000222

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 109809 4348715

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ ~~155.00~~

FILED
2006 MAY 16 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 16, 2006

ORDER TIME : 1:56 PM

205.00

ORDER NO. : 109809-015

CUSTOMER NO: 4348715

[Signature]

REINSTATEMENT

NAME: S. E. RESIDENTIAL CENTRAL ASSOCIATES LLC

RECEIVED
06 MAY 16 PM 2:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____