


M03000000682

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500074693935

DOCUMENT #
1. Limited Liability Company's Name
S. E. Residential Brandywine West LLC

04 MK

2006 MAY 16 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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
Country
USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
2/26/2006

6. FEI Number
14-1001715

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certif. 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

Titles	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 2004-2006

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.

CFR2041 10/02



M03000000682

CORPORATION SERVICE COMPANY

LIST ACCOUNT NO. : 072100000032
 REFERENCE : 109809 4348715
 AUTHORIZATION : *[Signature]*
 COST LIMIT : \$ 255.00

ORDER DATE : May 16, 2006
 ORDER TIME : 1:55 PM
 ORDER NO. : 109809-010
 CUSTOMER NO: 4348715

FILED
 2006 MAY 16 PM 4:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

BK

REINSTATEMENT

NAME: S. E. RESIDENTIAL BRANDYWYNE WEST 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 _____