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Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT

MS WHISPERING PALMS, L.L.C.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$516.25

\$416.25

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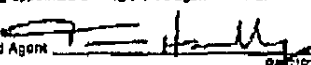
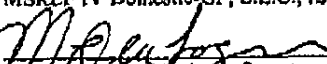
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T. HAMPTON

APR 30 2009

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 APR 29 AM 8:10 CR2E041 (10/08)	
DOCUMENT # 1. Limited Liability Company's Name MS Whispering Palms, L.L.C.					
2. Principal Office Address - No P.O. Box # 1585 Broadway Suite, Apt. #, etc. 37th Floor City & State New York, New York Zip 10036 Country USA		3. Mailing Office Address 1585 Broadway Suite, Apt. #, etc. 37th Floor City & State New York, New York Zip 10036 Country USA		4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number 20-1796311 Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324				7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status ☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
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  Terence Hardley Asst. Secretary REGISTERED AGENT MUST SIGN Date 04/28/09					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
	See attached Schedule I				
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. Morgan Stanley Real Estate Fund IV Domestic, L.P. By: MSREF IV Domestic-GP, L.L.C., its general partner Date 04/28/09 Daytime Phone (404) 846-1409 By:  Monique Logan, Assistant Secretary					

REINSTATEMENT 2007-2009

SCHEDULE I

MS Whispering Palms, L.L.C.

Information with regard to Paragraph 10 (the name and business address of the managing members):

Morgan Stanley Real Estate Fund IV Domestic, L.P.
1585 Broadway 37th Floor, New York, NY 10036

MSP Real Estate Fund IV, L.P.
1585 Broadway 37th Floor, New York, NY 10036

Morgan Stanley Real Estate Investors IV Domestic, L.P.
1585 Broadway 37th Floor, New York, NY 10036

Morgan Stanley Real Estate Fund IV Special Domestic, L.P.
1585 Broadway 37th Floor, New York, NY 10036

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