

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 23 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Theophilus Harris  
Secretary of State  
SUCCESSION DIVISION

**M01000001379**

DOCUMENT # M01000001379

1. Limited Liability Company's Name

S.E. Residential East LLC

2. Principal Office Address

950 Third Avenue

Suite, Apt. #, etc.

18th Floor

City & State

New York, NY

Zip

10022

Country

USA

3. Mailing Office Address

950 Third Avenue

Suite, Apt. #, etc.

18th Floor

City & State

New York, NY

Zip

10022

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified To Do Business in Florida

6/19/2001

6. FEI Number

13-4177580

Applied For

Not Applicable

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

*Lylia M. White*  
REGISTERED AGENT MUST SIGN

Date

1/22/03

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	The Praedium Performance Fund IV, L.P	950 Third Ave, 18th Flr	New York, NY 10022

400010671784

REINSTATEMENT 02-03

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

*A. Floyd Lattin*

Date

1/17/03

Daytime Phone # 212-224-5600

Typed or printed name of signing Managing Member/Manager A. Floyd Lattin, Vice President of General Partner of Managing Member

CR2E041 (9/01)



CORPORATION SERVICE COMPANY™

FILED

03 JAN 23 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032  
 REFERENCE : 903165 5155201  
 AUTHORIZATION : *Patricia Pignato*  
 COST LIMIT : \$ ~~905.00~~ *205.00*

ORDER DATE : January 22, 2003  
 ORDER TIME : 10:47 AM  
 ORDER NO. : 903165-020  
 CUSTOMER NO: 5155201  
 CUSTOMER: Ms. Cynthia E. Kingston  
 The Praedium Group  
 950 Third Avenue  
 18th Floor  
 New York, NY 10022

REINSTATEMENT

NAME: S.E. RESIDENTIAL EAST LLC

XX REINSTATEMENT

RECEIVED  
 03 JAN 23 AM 11:53  
 DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_