

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  
The Honorable Jeb H. Harris  
Secretary of State  
SUITE 1000, PENNSYLVANIA

**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	
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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 <input checked="" type="checkbox"/> \$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* Date 1/22/03  
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	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

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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

RECEIVED  
 03 JAN 23 AM 11:53  
 DIVISION OF CORPORATION

XX REINSTATEMENT

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 \_\_\_\_\_