

# 2004 FOR PROFIT CORPORATION REINSTATEMENT


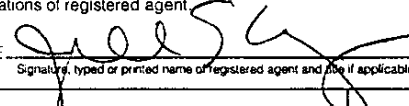
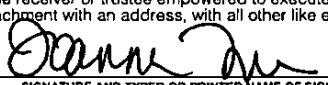
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 20 PM 2:43

REINSTATEMENT 04



11122004 REIN-P CR2E098 (6/04)

DOCUMENT # F03000004917			
1. Entity Name ST. JOHN'S COMMONS OWNER CORP			
Principal Place of Business C/O AMACAR GROUP, LLC-ATTN: DOUG JOHNSON 6525 MORRISON BLVD, STE 318 CHARLOTTE, NC 28211		Mailing Address C/O AMACAR GROUP, LLC-ATTN: DOUG JOHNSON 6525 MORRISON BLVD, STE 318 CHARLOTTE, NC 28211	
2. Principal Place of Business C/O PRE - Attn: J. Mulford Suite, Apt. #, etc. 8 Campus Drive City & State Parsippany, NJ Zip 07054 Country USA		3. Mailing Address C/O PRE - Attn: J. Mulford Suite, Apt. #, etc. 8 Campus Drive City & State Parsippany, NJ Zip 07054 Country USA	
4. FEI Number APPLIED FOR 20-1047630		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C-T CORPORATION-SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Jill E. Kranz Assistant Secretary 12-15-04	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP RUSSELL, DAVID CREDIT SUISSE FIRST BOSTON, 11 MADISON AVE NEW YORK, NY 10010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 PF Global Real Estate Advisors LLC, its agent 8 Campus Drive Parsippany, NJ 07054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROSE, MICHAEL 10 GENESSO TRAIL HARRISON, NY 10528 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSON, ANDREW 10 GENESSO TRAIL HARRISON, NY 10528 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, MATTHEW CREDIT SUISSE FIRST BOSTON, 11 MADISON AVE NEW YORK, NY 10010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the signatory shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		By: Prudential Investment Management Inc., its managing member 973-683-1743	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	