

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 2004 8:00 A.M.
Secretary of State

DOCUMENT # L01000002278

1. Limited Liability Company's Name

Cedar Ridge Apartments, LLC

2. Principal Office Address

9149 SW 47th Place
Suite, Apt. #, etc.

3. Mailing Office Address

9149 SW 47th Place
Suite, Apt. #, etc.

City & State

Gainesville Florida

City & State

Gainesville Florida

Zip

32608

Country

USA

Zip

32608

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

02-08-01

6. FEI Number

593704331

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

Harold A. Lyons

Street Address (P.O. Box Number is Not Acceptable)

9149 SW 47th Place

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32608

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

04.05.04

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 | Harold A. Lyons | 9149 SW 47th Place | Gainesville FL 32608 |
| MGRM | Bonnie Jean Miller | 9149 SW 47th Place | Gainesville FL 32608 |
| | | | 000033232010 04/21/04 01017 012 **255.00 |
| | | | REINSTATEMENT 2002-2003-2004 |

11. I certify that I am managing member/manager of 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

[Signature]

Date

04.05.04

Daytime Phone #

(352) 3356868

Typed or printed name of signing Managing Member/Manager

Bonnie Jean Miller

CR2E04 (10/02)