

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L01000021325  
OFFICE OF THE SECRETARY OF STATE  
CLERK OF THE COURT  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 NOV 25 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021325

Name and Mailing Address

0003985 01 AT 0.292 \*\*AUTO T6 0 0615 32837-846645

HP PROPERTIES & MANAGEMENT I, LLC  
9500 SATELLITE BLVD.  
SUITE 170  
ORLANDO FL 32837-8466

US

REINSTATEMENT 2003



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/10/2001	
Principal Place of Business 9500 SATELLITE BLVD. SUITE 170 ORLANDO FL 32837 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3760115	Applied For Not Applicable
8. Name and Address of Current Registered Agent MACGREGOR, DOUGLAS G 9500 SATELLITE BLVD. SUITE 170 ORLANDO FL 32837		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800025026338 11/25/03--01024--015 **150.00 City FL Zip Code			
10. 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 <u>Douglas G MacGregor</u> Date <u>11/20/2003</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CAPITAL DEVELOPMENT PARTNERS II, LLC	9500 SATELLITE BLVD., SUITE 170	ORLANDO FL 32837

12. 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

Douglas G MacGregor

Date

11/20/2003

Daytime Phone #

407-447-5667

Typed or printed name of signing Managing Member/Manager

Douglas G MacGregor

CR2E034 (7/03)