


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000018094 1. Entity Name STRATUS PROPERTIES, LLC	
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FILED

2004 OCT 29 A 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 210 S. PARSONS AVE. SUITE 12 BRANDON, FL 33511	Mailing Address 210 S. PARSONS AVE. SUITE 12 BRANDON, FL 33511
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2. Principal Place of Business c/o Robert E. Altenbach Suite 400 3290 Northside Parkway NW	3. Mailing Address c/o Robert E. Altenbach Suite 400 3290 Northside Parkway NW
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10042004 REIN-LLC CR2E101 (6/04)

City & State Atlanta, GA	City & State Atlanta, GA
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4. FEI Number 11-3664974	Applied For <input type="checkbox"/> Not Applicable
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Zip 30327	Country USA	Zip 30327	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent --

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

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 Mary Paris _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME	MGRM <input type="checkbox"/> Delete CAPITAL 3000, LLC
STREET ADDRESS	3000 WELLINGTON COURT
CITY-ST-ZIP	MARIETTA, GA 30339
TITLE NAME	MGRM <input type="checkbox"/> Delete STRATUS MANAGEMENT SERVICES, INC.
STREET ADDRESS	1606 FRUITWOOD DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE NAME	c/o Robert E. Altenbach <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3290 Northside Parkway NW, Suite 400
CITY-ST-ZIP	Atlanta, GA 30327
TITLE NAME	15411 North Florida Avenue <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Tampa, FL 33613
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

100042479781
11/04/04--01054--003 **150.00

REINSTATEMENT

[Signature]

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] _____ Date **October 1, 2004** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE