


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L03000022977**

1. Entity Name  
**STRATUS PROPERTIES II, LLC**



FILED

2004 OCT 29 A 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br>210 S. PARSONS AVENUE<br>SUITE 12<br>BRANDON, FL 33511 US | Mailing Address<br>210 S. PARSONS AVENUE<br>SUITE 12<br>BRANDON, FL 33511 US |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>c/o Robert E. Altenbach | 3. Mailing Address<br>c/o Robert E. Altenbach    |
| Suite, Apt. #, etc.<br>3290 Northside Parkway Nw          | Suite, Apt. #, etc.<br>3290 Northside Parkway NW |

10042004 REIN-LLC CR2E101 (6/04)

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br>Atlanta, GA 30327 | City & State<br>Atlanta, GA 30327 |
| Zip<br>Country<br>USA             | Zip<br>Country<br>USA             |

|  |  |
|--|--|
| 4. FEI Number<br><b>61-1452900</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.**  
526 E. PARK AVENUE  
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 DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CAPITAL 3000, LLC <input type="checkbox"/> Delete<br>3290 NORTHSIDE PARKWAY, STE. 400<br>ATLANTA, GA 30327 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Attn: Robert E. Altenbach <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:** Robert E. Altenbach  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

October 1, 2004  
Date Daytime Phone #

REINSTATEMENT