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CT CORP

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2004 DEC 10 AM 8:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA		FILED
DOCUMENT # L03000029684						
1. Limited Liability Company's Name TRG - PEMBROKE ROAD, LLC						
2. Principal Office Address 9200 E. Panorama Circle Suite, Apt. #, etc. Suite 400 City & State Englewood, CO Zip 80112		3. Mailing Office Address 9200 E. Panorama Circle Suite, Apt. #, etc. Suite 400 City & State Englewood, CO Zip 80112		4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 08/11/2003
6. FEI Number NONE		Applied For <input checked="" type="checkbox"/> Not Applicable		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		

8. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Hiedi M Liesch Date: 12/10/2004

REGISTERED AGENT MUST SIGN
Hiedi Liesch, Assistant Secretary

10. Name and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ASN Miramar Lakes LLC	9200 E. Panorama Circle	Englewood CO 80112

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.406, 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: 12-10-2004 Daytime Phone: 303/792-5113

Typed or printed name of signing Managing Member/Manager: Group VP of Administration - Sun Fl Operating Trust, sole member of

ASN Miramar Lakes LLC

REINSTATEMENT 04 file

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

TRG - PEMBROKE ROAD, LLC

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