PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 JAN 16 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L03000052952

1. Limited Liability Company's Name

COBBLESTONE VILLAGE AT ROYAL PALM BEACH, LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
c/o Debevoise & Plimpton LLP		c/o Debevoise & Plimpton LLP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
919 Third Avenue		919 Third Avenue	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10022	USA	10022	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
12/08/2003

6. FEI Number
621542285
☐ 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahasse	FL	32301-2525

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____ Date 1/14/2007
REGISTERED AGENT MUST SIGN

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	Galileo Put Portfolio LLC	c/o Debevoise & Plimpton LLP 919 Third Avenue	New York, NY 10022

REINSTATEMENT 2007-2008 100115282791

11. 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 _____ Date 1/11/2008 Daytime Phone # 212-869-3000

Typed or printed name of signing Managing Member/Manager Steven F. Siegel

file 1st

CSC.
CORPORATION SERVICE COMPANY

L03000052952

ACCOUNT NO. : 072100000032

REFERENCE : 382604 4301938

AUTHORIZATION : [signature]

COST LIMIT : ~~$ 350.75~~

ORDER DATE : December 31, 2007

ORDER TIME : 10:05 AM

ORDER NO. : 382604-035

CUSTOMER NO: 4301938

377.50

FILED
08 JAN 16 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: COBBLESTONE VILLAGE AT ROYAL PALM BEACH, LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 JAN 16 AM 10:40

XX REINSTATEMENT

NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - Ext# 2948

EXAMINER'S INITIALS BK