

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000039060</b> 1. Entity Name <b>TME MULTI-FAMILY II, LLC</b>				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> <b>FILED</b>  <b>08 MAR -4 PM 2:46</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY)</b> <b>12100 W. OLYMPIC BLVD., SUITE 400</b> <b>LOS ANGELES, CA 90064 US</b>		Mailing Address <b>WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY)</b> <b>12100 W. OLYMPIC BLVD., SUITE 400</b> <b>LOS ANGELES, CA 90064</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>Ms. Kaleen Farrell</b> Suite, Apt. #, etc. <b>20929 Ventura Blvd, #47-256</b> City & State <b>Woodland Hills, California</b> Zip      Country <b>91364      US</b>		02072008    REIN-LLC      CR2E101 (1/07) 4. FEI Number <b>20-1282981</b> Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF ORLANDO</b> <b>300 S. ORANGE AVENUE, SUITE 1000 (MRH)</b> <b>ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>SIGNATURE J. Gregory Humphries, VP</b> <i>J. Gregory Humphries</i> <b>February 8, 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRABOW, ELISSA MANAGER 12100 W. OLYMPIC BLVD., SUITE 400 LOS ANGELES, CA 90064	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Elissa Grabow</i> <b>2/20/08</b> <b>201 3915625</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					