

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN 24 PM 3:26

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000073091 Windham Property LLC

1. Limited Liability Company's Name

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000192315540
01/24/11--01024--005 **516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # K&L Gates/ William McCaughan, 39th Floor		3. Mailing Office Address K&L Gates/ William McCaughan, 39th Floor	
Suite, Apt. #, etc. 200 S. Biscayne Blvd.		Suite, Apt. #, etc. 200 S. Biscayne Blvd.	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 10/7/2004	
6. FEI Number 611480541	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
William P. McCaughan

Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.

Suite, Apt. #, Etc.
39th Floor

City
Miami

State
FL

Zip Code
33131

MK

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

William P. McCaughan

Date
1/21/11

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
Mgr	Eileen P. McCaughan	200 S. Biscayne Blvd.	Miami, FL 33131

REINSTATEMENT 2009-2011

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Eileen P. McCaughan

Date
1/21/11

Daytime Phone #
305 539 3300

Typed or printed name of signing Managing Member/Manager