


L04000077411

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # L04000077411						
1. Limited Liability Company's Name Huntington Place Operator, LLC						
2. Principal Office Address 500 Washington Street Suite, Apt. #, etc. Suite 700 City & State San Francisco, CA Zip 94111 Country USA		3. Mailing Office Address 500 Washington Street Suite, Apt. #, etc. Suite 700 City & State San Francisco, CA Zip 94111 Country USA				
4. State/Country of Formation Florida						
5. Date Organized or Qualified To Do Business in Florida 10/25/2004						
6. FEI Number 20-1783820		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 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 608, F.S.						
Signature of Registered Agent Connie Bryan		Date 11/9/2005				
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	Thomas Coates	500 Washington St. #700	San Francisco CA 94111			
MGRM	Curtis Gardner	500 Washington St. #700	San Francisco CA 94111			
REINSTATEMENT 2005						
				300061485649 11/16/05--01050--004 **150.00		
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 Thomas Coates		Date 10/25/05				
Typed or printed name of signing Managing Member/Manager Thomas Coates, Managing Member		Daytime Phone# (415) 445-7800				