2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 OCT -6 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000027530

1. Entity Name
CG MIAMI PARTNERS III, LLC

Principal Place of Business	Mailing Address
C/O BRACK CPAITAL REAL ESTATE 885 THIRD AVENUE, 27TH FLOOR NEW YORK, NY 10022	C/O BRACK CPAITAL REAL ESTATE 885 THIRD AVENUE, 27TH FLOOR NEW YORK, NY 10022

BK

10052005 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
c/o Brack Capital Real Estate	c/o Brack Capital Real Estate
Suite, Apt. #, etc.: 885 Third Ave. 24th Floor	Suite, Apt. #, etc.: 885 Third Ave. 24th Floor
City & State: New York, NY 10022	City & State: New York, NY 10022
Zip: 10022 Country: USA	Zip: 10022 Country: USA

4. FEI Number: 20-2585188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City FL 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.

SIGNATURE Joyce L. Markley — Joyce L. Markley as its agent 10/6/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 After January 1, 2007, Fee will be $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CG MIAMI HOLDINGS III, LLC 885 THIRD AVENUE 27TH FL NEW YORK, NY 10022 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 885 Third Ave. 24th Floor
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100080617141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2006

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.

SIGNATURE: Brian K. Goodkind, Esq. 10/05/2006 (305) 667-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC. L05000027530

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 509441 4330594

AUTHORIZATION :

COST LIMIT : $ 50.00

FILED
06 OCT -6 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 6, 2006

ORDER TIME : 1:23 PM

ORDER NO. : 509441-005

CUSTOMER NO: 4330594

RECEIVED
06 OCT -6 PM 2:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CG MIAMI PARTNERS III, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____