2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000121303

1. Entity Name
RIVER DRIVE PARTNERS, LLC

SECRETARY OF STATE
DIVISION

07 OCT 16 PM 2:42

800110446848
10/16/07--01037--021 **185.00

Principal Place of Business	Mailing Address
3300 GRENADA BLVD. CORAL GABLES, FL 33134	3300 GRENADA BLVD. CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9665 Wilshire Boulevard	9665 Wilshire Boulevard
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Beverly Hills, CA	City & State: Beverly Hills, CA
Zip: 90212 Country: USA	Zip: 90212 Country: USA

10152007 REIN-LLC CR2E101 (1/07)

4. FEI Number: APPLIED FOR — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BOULEVARD
SUITE 1700
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: National Corporate Research, Ltd., Inc.
Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue
City: Tallahassee FL Zip Code 32301

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: Rose Marie Cole — Rose Marie Cole, Asst. Sec. — 10-15-2007
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERCO, LLC 3300 GRENADA BLVD CORAL GABLES, FL 33134 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Canpartners Realty Holding Company IV Miami River LLC 9665 Wilshire Boulevard, Suite 200 Beverly Hills, California 90212 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: K. Robert Turner, Managing Partner of Canyon Capital Realty Advisors LLC, manager of Canpartners Realty Holding Company IV LLC, sole member of Canpartners Realty Holding Company IV Miami River LLC, sole member of applicant River Drive Partners, LLC — October 15, 2007 — (310) 247-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

RECEIVED
07 OCT 16 PM 1:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: **TRACY SPEAR**

DATE: **10-16-07**

REF. #: **000638.76050**

CORP. NAME: **RIVER DRIVE PARTNERS, LLC**

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY
(XX) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION
( ) OTHER:

STATE FEES PREPAID WITH CHECK# 523272 **FOR $** **185.00**

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

(XX) CERTIFIED COPY (XX) CERTIFICATE OF GOOD STANDING ( ) PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS

Examiner's Initials