

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Sep 19, 2007  
Secretary of State**

DOCUMENT# L06000003956

Entity Name: MM VILLAGE ALLAPATTAH PAHASE II, LLC

**Current Principal Place of Business:**

2950 SW 27TH AVENUE SUITE 200  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2950 SW 27TH AVENUE SUITE 200  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 26-0419871      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WASHINGTON, LYNN C  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LLOYD J BOGGIO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: TCG ALLAPATTAH II, L, LC  
Address: 2950 SW 27TH AVENUE SUITE 200  
City-St-Zip: MIAMI, FL 33133 US

Title: MGRM ( ) Change (X) Addition  
Name: BISCAYNE HOUSING GRO, UP LLC  
Address: 2950 SW 27TH AVENUE SUITE 200  
City-St-Zip: MIAMI, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TCG ALLAPATTAH II LLC

MGR

09/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date