2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000099414

City-St-Zip: RENTON, WA 98056

Entity Name: MIDTOWN TWO UNIT H-1608 PARTNERSHIP, LLC

FILED Aug 24, 2009 Secretary of State

Current P	rincipal Place of Business:	New Prince	ipal Place of Business:	
3470 E. CO H-1608	DAST AVENUE			
MIAMI, FL	33137			
Current Mailing Address:		New Maili	New Mailing Address:	
3470 E. COAST AVENUE H-1608 MIAMI, FL 33137			3520 ABERDEEN AVENUE NE RENTON, WA 98056	
In accordan	: 26-3193467 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the limited liability comp I Address of Current Registered Agent:	-		
1359 E. SA	MEN-SUAREZ PA AMPLE ROAD D BEACH, FL 33064 US			
	named entity submits this statement for the puelof Florida.	rpose of changing i	ts registered office or registered agent, or bot	
SIGNATUR	RE: KELLY J. SUAREZ			
	Electronic Signature of Registered Agen	t	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/0	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete MT3 616, LLC 13637 HAWTHORNE BLVD SUITE 200 HAWTHORNE, CA 90250	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition MT3 607, LLC 3520 ABERDEEN AVENUE NE RENTON, WA 98056	
Title: Name: Address: City-St-Zip:	MGRM () Delete MT3 715, LLC 19 PICKENS STREET LITTLE FERRY, NJ 07643	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MIDTOWN 3 716, LLC 13204 KAHNS ROAD MANASSAS, VA 20112	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MT3 410, LLC 3030 CAREY HEIGHTS DRIVE MAPLE WOOD, MN 55109	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	MGRM () Delete MT3 607, LLC	Title: Name:	MGRM (X) Change () Addition MT3 616, LLC	

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.

City-St-Zip: HAWTHORNE, CA 90250

SIGNATURE: KELLY J. SUAREZ RA 08/24/2009