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Division of Corporations

Fax Number : (850)617-6383

From:

GAIL S. AMDRE'

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600

FAX Number : (407)843-4444

PLEASE ARRANGE FILING OF THE ATTACHED AMENDED AND RESTATED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION AND CERTIFICATE OF STATUS TO ME AS SOON AS POSSIBLE.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

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ALLAHASSEE, FLORIDA

PINES APTS, LLC

Certificate of Status	1
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AMENDED AND RESTATED ARTICLES OF ORGANIZATION OF PINES APTS, LLC

The undersigned, pursuant to the provisions of Section 608.411 of the Florida Statutes, desires to amend and restate the Articles of Organization of Pines Apts, LLC, filed with the Florida Department of State on November 27, 2007, and hereby adopts the Amended and Restated Articles of Organization set forth below:

The following Amended and Restated Articles of Organization (the "Articles") were adopted and approved by at least seventy-five percent (75%) of the members of the Company as required by the Operating Agreement of the Company.

ARTICLE I - NAME

The name of this limited liability company is PINES APTS, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company is 320 North Main Street, Suite 200, Ann Arbor, Michigan 48104.

ARTICLE III - REGISTERED OFFICE AND AGENT

The street address of the registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the registered agent of the Company at that address is Gary M. Kaleita.

IN WITNESS WHEREOF, the undersigned have duly executed these Amended and Restated Articles of Organization on this 25th day of March, 2008.

GPR McKinley Manager LLC, a Michigan limited liability company

By: McKinley Associates, Inc., a Michigan Corporation, its Manager

By: Loslio Lynn Smith, Vice President

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ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Gary M. Kaleita

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SECRETARY OF STOTE
TALLAHASSEE, FLORID