

L98000001498

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 OCT 31 AM 10:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001498

1. Limited Liability Company's Name

Tax Credit Senior Properties, LLC.

2. Principal Office Address

1333 La Paz St

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32501

Country

Florida

3. Mailing Office Address

196 Technology Dr

Suite, Apt. #, etc.

#D

City & State

Irvine, CA

Zip

92618

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3549222

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Richard H. Tourtelot

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

1333 La Paz St

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

800008730368
10/31/02--01071--001 **150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
man	Tourtelot, Richard H.	196 Technology Dr #D	Irvine, CA 92618
man	Singleton, Cliff	501 Hollywood Blvd	West Melbourne, FL 32904

REINSTATEMENT 2002

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

[Handwritten Signature]

Date 10/30/02

Daytime Phone # 904-450-1113

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)