04/30/03 16:08 SCHROEDER & MARCHE → 8504101015 NO.006 P03

04/29/2003 12:07 SCHROEDER AND ... PAGE 03

L98000001960

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000001960

1. Limited Liability Company's Name
1998 Lake City Associates, L.L.C.

700016335217
05/09/03--01059--008 **150.00

5/1 2002-2003 FF $200.00

2. Principal Office Address		3. Mailing Office Address	
15 Maple Avenue		15 Maple Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Morristown, NJ		City & State: Morristown, NJ	
Zip: 07960	Country: USA	Zip: 07960	Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 9/23/98
6. FEI Number: 593537700 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Hoffman, Harvey B.
Street Address (P.O. Box Number is Not Acceptable): 6851 Tamiami Trail North
Suite, Apt. #, Etc.: Suite 300
City: Naples State: FL Zip Code: 34103

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: Harvey B. Hoffman Date: 4/30/03
REGISTERED AGENT MUST SIGN

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
MGRM	The Hampshire 2001 Fund, LLC	15 Maple Avenue	Morristown, NJ 07960
		04/18/03--01071--006--$50.00	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for by 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: [signature] Date: 4/9/03 Daytime Phone #: 973-734-4246

Typed or printed name of signing Managing Member/Manager: William A. Scully SVP

APR. 30. 2003 3:55PM THE HAMPSHIRE CO 9732920035 NO.719 P. 3