

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 10, 2007
Secretary of State

DOCUMENT# L99000000169

Entity Name: CARF REALTY 1998, L.L.C.

Current Principal Place of Business:

3960 RCA BLVD
SUITE 6002
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

3980 RCA BLVD
SUITE 8012
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3960 RCA BLVD
SUITE 6002
PALM BEACH GARDENS, FL 33410

New Mailing Address:

3980 RCA BLVD
SUITE 8012
PALM BEACH GARDENS, FL 33410

FEI Number: 65-0886301 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: LINDA S. RUDY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAPITAL ASSET RESEAR, CH FUNDING 199 8 -A LP
Address: 3960 RCA BLVD, SUITE 6002
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAPITAL ASSET RESEAR, CH FUNDING 199 8 -A LP
Address: 3980 RCA BLVD, SUITE 8012
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: LINDA S. RUDY

VP

10/10/2007

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