PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 APR 29 PM 1:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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03/15/04 01068 018 **150.00

DOCUMENT # L-99000008508

1. Limited Liability Company's Name
LaSalle Miramar Office A, L.L.C.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 200 E. Randolph Drive | 200 E. Randolph Drive |
| Suite, Apt. #, etc. 43rd Floor | Suite, Apt. #, etc. 43rd Floor |
| City & State Chicago IL | City & State Chicago IL |
| Zip 60601 Country USA | Zip 60601 Country USA |

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 12/06/1999
6. FEI Number: 36-4160750 — 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: CT Corporation System
600034538466
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
04/29/04--01012--018 **100.00
Suite, Apt. #, Etc:
City: Plantation State: FL Zip Code: 32324

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: 4/20/04

CR2E041 (10/02)

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 | Jones Lang LaSalle Co-Investment, Inc. | 200 E. Randolph Drive | Chicago, IL 60601 |
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REINSTATEMENT 2002-04 B

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 608.408, 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: _____ Date: 3/3/04 Daytime Phone #: (312) 228-2778

Typed or printed name of signing Managing Member/Manager: James S. Jasionowski