


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
 05 MAY 12 AM 10:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M00000000037


1. Entity Name
2525 E. HILLSBOROUGH AVENUE, LLC



Principal Place of Business 30 BROAD STREET 31ST FLOOR C/O URBANAMERICAN, L.P. NEW YORK, NY 10004	Mailing Address 30 BROAD STREET 31ST FLOOR C/O URBANAMERICAN, L.P. NEW YORK, NY 10004
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country


 05032005 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent WASHINGTON, L C/O HOLLAND & KNIGHT 701 BRICKELL AVE STE 3000 MIAMI, FL 33131	7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL 32309
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cynthia L. Harris 5/12/05 **Cynthia L. Harris**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE as its agent

FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 2525 E. HILLSBOROUGH AVENUE MM LLC 30 BROAD STREET 31ST FLOOR NEW YORK, NY 10004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300054328333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2004-2005
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Hal Reiff 9 May 05 212-612-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



M 0000000037

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 364468 4322291

AUTHORIZATION : *Patricia Pizitz*

COST LIMIT : \$ 205.00

ORDER DATE : May 10, 2005

ORDER TIME : 9:38 AM

ORDER NO. : 364468-005

CUSTOMER NO: 4322291

CUSTOMER: Mr. Rich Winkler
Powell Goldstein Llp
14 Floor, One Atlantic Center
1201 W. Peachtree Street, Nw
Atlanta, GA 30309-3488

RW

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05 MAY 12 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: 2525 E. HILLSBOROUGH AVENUE,
LLC

RECEIVED
05 MAY 12 AM 11:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____