

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05032005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
13-4093245

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASHINGTON, L  
C/O HOLLAND & KNIGHT  
701 BRICKELL AVE STE 3000  
MIAMI, FL 33131

NAME  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City Tallahassee FL 32301

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Cynthia L. Harris  
as its agent

5/12/05

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS 2525 E. HILLSBOROUGH AVENUE MM LLC  
CITY - ST - ZIP NEW YORK, NY 10004 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP 300054328333 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP REINSTATEMENT 2004-2005 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Hal Reiff

9 May 05

Date

Daytime Phone #

212-612-9100

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





CORPORATION SERVICE COMPANY

M U O O U O O O O O 3 7

ACCOUNT NO. : 072100000032

REFERENCE : 364468 4322291

AUTHORIZATION :

*Patricia Pappas*

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*

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

DOMESTIC FILINGS

NAME: 2525 E. HILLSBOROUGH AVENUE,  
LLC

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 \_\_\_\_\_

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