## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## FIIED

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DOCUMENT # M0000000140  1. Entity Name 215 AIRPORT PULLING ROAD GP, LLC				7	C 29 PM 4 TARY OF ST		
Principal Place of Business Mailing Address 30 BROAD STREET, 31ST FLOOR 30 BROAD STREET, 3 NEW YORK, NY 10004 NEW YORK, NY 10004		ST FLOOR	TALLAH	ASSEE-56	25er498	59	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11292005	REIN-LLC	CR2E101 (6/04)	
City & State		City & State		4. FEI Numb 58-251		<del></del>	pplied For ot Applicable
Zip	Country	Zip	Country		of Status Desired	\$5.00 Ad Fee Require	ditional
<del> </del>	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New R		
		<u> </u>	Name C		<del></del>		
WASHINGTON, L. C/O HOLLAND & KNIGHT		Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
701 BRICKELL AVE STE 3000 // 9 /			inayo be				
City Tall						FL Zin Con	<u></u>
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.  Cynthia L. Harris							
8. The above	named entity submits this statement for	the purpose of changing its i	egistered office or regi	stered agent, or bo	th, in the State of Flo	rida. I am familiar with,	and accept
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its			th, in the State of Flo	rida. I am familiar with	and accept
8. The above the obligate SIGNATURE.	Cuntha A. C	berris_	as its ager	nt		rida. I am familiar with	and accept
	named entity submits this statement for ions of registered agent.	berris_		nt		rida. I am familiar with,	and accept
SIGNATURE .	Cuntha A. C	berris_	as its ager	nt	Make	ocheck payable to	05
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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 seporar 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.

☐ Delete

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-S1-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

> ROBERT STARK Vice President, Asset Management Dete

☐ Change

Addition

ACCOUNT NO. :

072100000032

REFERENCE

5170790

AUTHORIZATION

COST LIMIT

ORDER DATE: December 29, 2005

ORDER TIME : 10:43 AM

ORDER NO. : 783948-025

CUSTOMER NO:

5170790

## REINSTATEMENT

NAME:

215 AIRPORT PULLING ROAD GP,

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris EXT 2937

EXAMINER'S INITIALS