
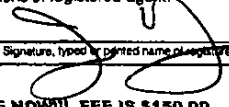
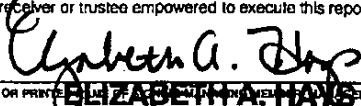


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

05 SEP 21 PM 3:24
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # M00000000399 1. Entity Name CRESCENT MIAMI CENTER, LLC | | | |  | |
| Principal Place of Business 201 S. BISCAYNE BLVD., SUITE 2950 MIAMI, FL 33131 | | Mailing Address 201 S. BISCAYNE BLVD., SUITE 2950 MIAMI, FL 33131 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 09202005 REIN-LLC CR2E101 (6/04) | |
| Zip | | Country | | 4. FEI Number 75-2862369 | |
| Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| FL | | | Zip Code | | |
| 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 date if applicable. | | Jeanine Reynolds as its agent | | DATE 9-20-05 | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CRESCENT REAL ESTATE EQUITIES, LTD. 777 MAIN ST., STE. 2100 FORT WORTH, TX 76102 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100059824171 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 2005 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | | 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 REGISTERED AGENT, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | | ELIZABETH A. HAYS | | 9-20-05 817-321-1456 Date Daytime Phone # | |

**ASSISTANT SECRETARY
of Manager**



M00000000399

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 607048 5028300

AUTHORIZATION : *[Handwritten Signature]*

COST LIMIT : \$ 150.00

ORDER DATE : September 20, 2005

ORDER TIME : 10:48 AM

ORDER NO. : 607048-030

CUSTOMER NO: 5028300

CUSTOMER: Beth Hays
Crescent Real Estate
Suite 2100
777 Main Street
Fort Worth, TX 76102

BH

FILED
05 SEP 21 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: CRESCENT MIAMI CENTER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____

RECEIVED
05 SEP 21 PM 1:00
CORPORATION SERVICE COMPANY
TALLAHASSEE, FLORIDA