

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 DEC 29 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
80006243268



DOCUMENT # M00000001295

1. Entity Name
17161 NW 27TH AVENUE, LLC



Principal Place of Business
C/O URBAN AMERICA, L.P.
30 BROAD STREET, 31ST FLOOR
NEW YORK, NY 10004

Mailing Address
C/O URBAN AMERICA, L.P.
30 BROAD STREET, 31ST FLOOR
NEW YORK, NY 10004

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

11292005 REIN-LLC CR2E101 (6/04)

4. FEI Number
13-4123200

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
WASHINGTON, L
C/O HOLLAND & KNIGHT
701 BRICKELL AVE SUITE 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City Tallahassee FL Zip Code 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 Cynthia L. Harris as its agent DATE 12/29/05

(NOTE: Registered Agent signature required when reinstating)

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	MGRM 17161 NW 27TH 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
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REINSTATEMENT 2005

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: Robert Stark ROBERT STARK Vice President, Asset Management DATE 12/26/05 Daytime Phone # (212) 622-9091

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



CORPORATION SERVICE COMPANY

M000000001295

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 155.00

2005 DEC 29 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : December 29, 2005

ORDER TIME : 10:45 AM

ORDER NO. : 783948-035

CUSTOMER NO: 5170790

[Signature]

REINSTATEMENT

NAME: 17161 NW 27TH AVENUE, LLC

RECEIVED
05 DEC 29 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris EXT 2937

EXAMINER'S INITIALS _____