

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

2005 DEC 29 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800062473348

CR2E041 (8/05)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M00000001539			
1. Limited Liability Company's Name 1864 17TH STREET, SARASOTA, FLORIDA MM, LLC			
2. Principal Office Address 30 Broad Street, 31st Floor		3. Mailing Office Address 30 Broad Street, 31st Floor	
Suite, Apt. #, etc. c/o UrbanAmerica, L.P.		Suite, Apt. #, etc. c/o UrbanAmerica, L.P.	
City & State New York, NY		City & State New York, NY	
Zip 10004	Country USA	Zip 10004	Country USA

4. State/Country of Formation <b>Delaware</b>	
5. Date Organized or Qualified To Do Business in Florida 08/04/2000	
6. FEI Number 13-4129444	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

04

*[Handwritten Signature]*

8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Cynthia L. Harris **Cynthia L. Harris** as its agent Date 12/29/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	UrbanAmerica, L.P.	30 Broad Street, 31st Floor	New York, NY 10004

**REINSTATEMENT 2004-2005**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Robert Stark Date 12/29/05 Daytime Phone # (212) 612-9091

**ROBERT STARK**  
Vice President, Asset Management



CORPORATION SERVICE COMPANY

M000000001539

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION

*Spudde man*

COST LIMIT : \$ 205.00

ORDER DATE : December 29, 2005

ORDER TIME : 10:51 AM

ORDER NO. : 783948-085

CUSTOMER NO: 5170790

*BK*

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SECRETARY OF STATE  
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REINSTATEMENT

NAME: 1864 17TH STREET, SARASOTA,  
FLORIDA MM, LLC

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

05 DEC 29 PM 12:56

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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 \_\_\_\_\_