



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:43

<b>DOCUMENT # M00000002121</b>					
<b>1. Entity Name</b> MAINGATE MANAGERS GP, L.L.C.					
<b>Principal Place of Business</b> <u>801 Brickell Ave</u> <b>Address</b> <u>801 Brickell Ave</u> 1200 BRICKELL AVENUE, STE 1460 PH II 1200 BRICKELL AVENUE, STE 1460 PH II MIAMI, FL 33131 MIAMI, FL 33131					
<b>2. Principal Place of Business</b> <u>801 Brickell Ave</u>		<b>3. Mailing Address</b> <u>801 Brickell Ave.</u>			
Suite, Apt. #, etc. <u>PH II One Brickell Square</u>		Suite, Apt. #, etc. <u>PH II One Brickell Square</u>		09182006 REIN-LLC CR2E101 (11/05)	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>		<b>4. FEI Number</b> 74-2975491	
Zip <u>FL 33131</u> Country <u>US</u>		Zip <u>33131</u> Country <u>US</u>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <u>FL</u> Zip Code _____		
<b>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.</b> SIGNATURE <u>[Signature]</u> DATE <u>10/06/06</u> <small>Signature, typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$200.00</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAINGATE MANAGERS L.P. 1200 BRICKELL AVENUE, STE 1460 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MAN AGENT</u> <u>THOMAS J. BIZAD</u> <u>801 BRICKELL AVE, PH II, Mia, FL 33131</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALIBHAI, KARIM 1200 BRICKELL AVENUE, STE 1460 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800081025298 10/19/06--01035--007 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REILLY, E. DONALD JR 1200 BRICKELL AVENUE, STE 1460 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <u>2006</u> <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	
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	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>10/06/06</u> Daytime Phone # <u>(305) 442-9808</u>		