

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2003 LLC
APPLICATION
FOR
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000000331

Name and Mailing Address

0008753 01 FP 0,352 **PRSRT H8 0 0615 10017-461199



CLPF-BARCLAY PLACE GP, LLC
C/O CLARION PARTNERS
335 MADISON AVENUE
NEW YORK NY 10017-4611



502122907900
04/25/02 90007 026 \$501

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

02/08/2001

Principal Place of Business

C/O CLARION PARTNERS
335 MADISON AVENUE
NEW YORK NY 10017

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

74-3044468
APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CR2E084 (8/02)

10. 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

REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Director	Stephen B. Hansen	335 Madison Avenue	New York New York 10017
Assistant Treasurer	Daniel G. Reid	335 Madison Avenue	New York New York 10017

12. 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

Clavin G. Reid

Date

11.14.02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager