

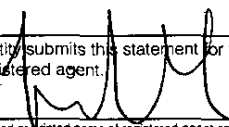
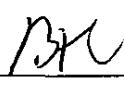


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M01000001733 1. Entity Name CASCADES AT HAMMOCKS LLC						FILED 04 NOV 17 AM 9:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business C/O AEW CAPITAL MANAGEMENT, L.P. TWO SEAPORT LN, WORLD TRADE CTR EAST BOSTON, MA 02210-2021				Mailing Address C/O AEW CAPITAL MANAGEMENT, L.P. TWO SEAPORT LN, WORLD TRADE CTR EAST BOSTON, MA 02210-2021			
2. Principal Place of Business		3. Mailing Address		10272004 REIN-LLC		CR2E101 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 04-3570713		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> TRACI HOUCK SPECIAL ASSISTANT SECRETARY </div> <div style="width: 20%; text-align: right;"> 11/10/04 <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADLEY, DANIEL J 2 SEAPORT LANE BOSTON, MA 022102021	<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	V HERBST, PAMELA J 2 SEAPORT LANE BOSTON, MA 022102021	<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	VT MARTIN, JONATHAN 2 SEAPORT LANE BOSTON, MA 022102021	<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	AT MAGEE, LINDA 2 SEAPORT LANE BOSTON, MA 022102021	<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		
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		

REINSTATEMENT 2004


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11/24/04--01060--006 **50.00

| 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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | **Jonathan Martin** 10/23/04 Date | | **617 261-9211** Daytime Phone # | |