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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

ELCO HOUSING PARTNERS, LLC

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M01000002003

1. Limited Liability Company's Name

ELCO Housing Partners, LLC

10/4/02

2. Principal Office Address	3. Mailing Office Address
6420 SW Macadam Ave	Same
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: Portland, Oregon	City & State
Zip: 97239 Country	Zip Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 8/30/2001

6. FEI Number: 65-1057585 ☐ 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

Name: See Attached Registered Agent Designation

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

Suite, Apt. #, Etc.:

City: State: FL Zip Code:

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: See Attached Registered Agent Designation Date:

REGISTERED AGENT MUST SIGN

CR2E043 (4/01)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MM	American Pacific Properties, Inc.	6420 SW Macadam Ave. Ste 100.	Portland, Or 97239

REINSTATEMENT 2002

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 608.408, 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.

American Pacific Properties, Inc. VP

Signature of Managing Member/Manager: Date: 10/15/02 Daytime Phone # 503 892 4646

Typed or printed name of signing Managing Member/Manager: DAVID DAWELL

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ELCO Housing Partners, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System
(Name)

c/o C T Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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PETER F. SOUZA
ASSISTANT SECRETARY
(Signature)

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$ 100.00 Filing Fee for Application
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (optional)
$ 5.00 Certificate of Status (optional)