

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2005 DEC 29 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600062473446

CR2E041 (8/05)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M02000002390  
1. Limited Liability Company's Name  
7900 N.W. AVENUE, LLC

BK

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2. Principal Office Address 30 Broad Street, 31st Floor Suite, Apt. #, etc. c/o UrbanAmerica, L.P. City & State New York, NY Zip 10004 Country USA		3. Mailing Office Address 30 Broad Street, 31st Floor Suite, Apt. #, etc. c/o UrbanAmerica, L.P. City & State New York, NY Zip 10004 Country USA	
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4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 09/12/2002	
6. FEI Number 33-1021951	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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** Date 12/29/05  
REGISTERED AGENT MUST SIGN **as its agent**

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	7900 N.W. Avenue MM, LLC	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**  
Typed or printed name of signing Managing Member/Manager Vice President, Asset Management



CORPORATION SERVICE COMPANY

M02000002390

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 205.00

FILED  
2005 DEC 29 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : December 29, 2005

ORDER TIME : 10:57 AM

ORDER NO. : 783948-135

CUSTOMER NO: 5170790

*[Signature]*

REINSTATEMENT

NAME: 7900 N.W. AVENUE, LLC

RECEIVED  
05 DEC 29 PM 12:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_