


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000002391			
1. Limited Liability Company's Name 7900 N.W. AVENUE MM, LLC			
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	
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 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 <i>Cynthia L. Harris</i>		Cynthia L. Harris as its agent Date 12/29/05	
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	UrbanAmerica, L.P.	30 Broad Street, 31st Floor	New York, NY 10004
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.			
Signature of Managing Member/Manager <i>Robert Stark</i>		Date 12/29/05 Daytime Phone # (212) 612-9091	
Typed or printed name of signing Managing Member/Manager Vice President, Asset Management			



CORPORATION SERVICE COMPANY

M02000002391

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 205.00

ORDER DATE : December 29, 2005

ORDER TIME : 10:58 AM

ORDER NO. : 783948-145

CUSTOMER NO: 5170790

[Handwritten initials]

FILED
2005 DEC 29 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: 7900 N.W. AVENUE MM, LLC

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 _____

RECEIVED
05 DEC 29 PM 12:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA