



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 28 AM 8:30

DOCUMENT # M02000002490 1. Entity Name RAMBLEWOOD SQUARE LLC					
Principal Place of Business C/O INVESCO REALTY ADVISORS 5400 LBJ FREEWAY/LB2, STE. 700 DALLAS, TX 75240			Mailing Address C/O INVESCO REALTY ADVISORS 5400 LBJ FREEWAY/LB2, STE. 700 DALLAS, TX 75240		
2. Principal Place of Business Invesco Real Estate		3. Mailing Address Invesco Real Estate			
Suite, Apt. #, etc. 13155 Noel Rd., #500		Suite, Apt. #, etc. 13155 Noel Rd., #500			
City & State Dallas, TX		City & State Dallas, TX			
Zip 75240		Zip 75240			
Country USA		Country USA		4. FEI Number 16-1631271	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INVESCO REALTY ADVISORS 5400 LBJ FREEWAY/LB2, STE. 700 DALLAS, TX 75240 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Invesco Real Estate 13155 Noel Rd., #500 Dallas, TX 75240 <input checked="" 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	
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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	
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: Rockwell Hopkins			Date: 7-21-05		Daytime Phone #: (972) 715-7400