PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | 1 1 | HOL HEAD | ALL ING THE | OHORO | DEI OIL | | | 110 1 01 1141. | | |
|--|---|--------------------------------------|--|--|---|---------------------------|---|--|--|--|
| CON | LIABILIT MPANY ATEMENT | | Sec | PARTMENT Jim Smith retary of Sta of CORPORA | ate | E | | FIL 2003 DEC 16 | PM 1:55 | |
| DOCUMENT # M02000003162 1. Limited Liability Company's Name | | | | | | | DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA | | | |
| 111 H | | Apartments Avenue, 31 .99-7610 | | | | 7 | 000 | 25602: | 397 | |
| 2. Principal Off | | | 3. Mailing Office Address | | | 12/1 | 700025602697 12/18/0301039006 **150.00 | | | |
| 111 Huntington Avenue | | | Same | | | 4. State/Cou | 4. State/Country of Formation | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | Delaware | | | |
| 31st Floor | | | | | | 5. Date Orga To Do Bus | 5. Date Organized or Qualified To Do Business in Florida 11/27/02 | | | |
| City & State | | | City & State | | 6 SELMonth | | | Applied For | | |
| Boston, MA | | | | | | | 6. FEI Number Applied For | | | |
| Zip 02199 | Country 9 USA | | Zip | Country | iry | 7. | | S DESIDED T | Additional Fee required | |
| | l | | | | | | | lor | a Certificate of Status | |
| S | ireet Address (P 1200 Sc Suite, Apt. #, Etc. City Plantat | ion | ot Acceptable) sland Road , , ove named limited lia | bility company, a | m familiar with | and accept the obliga | State FL | Zip Code 33324 apter 608, F.S. | | |
| Signature of A CONNIE ERYAN | | | | | | | | | | |
| Registered Age | nt | Conne B | EGISTERED AGENT | PECIAL ASSISTANT SECRETARY | | | Date 12/14/2003 | | | |
| | | | | MOST SIGN | | | | | _ | |
| 10. Names ar | nd Street Addres | ses of Managing Me | mbers/Managers | | | | | | | |
| Titles | Name of Managing Members/Managers | | | Street Address of Each Managing Member/Manager | | | City / State / Zip | | | |
| Maje w | WM Apartments L.P. | | | 545 E. John W. Carpenter Freeweay, Suite 550 | | | Irving, TX 75062 | | | |
| | | | | | | | | | | |
| ; | | | | | | | | | | |
| 16 | | | , | ······································ | | | 1 | | | |
| • | | | ; | | | | | - | | |
| | | ** | | | | | | | | |
| tiling this re all fees ow | einstatement app ed by the limited under oath. S | dication the reason to | r dissolution has bee /e been paid. The info stment GP , | n eliminated, the ormation indicated LLC,Gene | limited liability : d on this applic eral Par | ation is true and accu | ies the requ | irements of section 60 y signature shall have | her certify that when 08.406, F.S., and that the same legal effect | |

FL110 - 11/13/02 C T System Online

CR2E041 (9/0