

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 OCT 29 PH 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR

| | | | | |
|--|---------|--|---------|--|
| DOCUMENT # M02000003162 1. Entity Name MAITLAND CLUB APARTMENTS LLC | | | | |
| Principal Place of Business 111 HUNTINGTON AVENUE 31ST FL BOSTON, MA 02199 | | Mailing Address 111 HUNTINGTON AVENUE 31ST FL BOSTON, MA 02199 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |



10262004 REIN-LLC CR2E101 (6/04)

| | |
|------------------------------------|---|
| 4. FEI Number 71-0914999 | Applied For <input type="checkbox"/> Not Applied |
|------------------------------------|---|

5. Certificate of Status Desired **\$5.00** Additional Fee Required

| | |
|---|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 FL Zip Code |
|---|--|

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 Corrie Bynum Special Ad. Secy 10/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR <input type="checkbox"/> Delete WM APARTMENTS L.P. 545 E. JOHN W. CARPENTER FREEWAY, #550 IRVING, TX 75062 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1431 Greenway Dr. Ste 710 Irving, TX 75038 |
| 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 |
| 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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REINSTATEMENT 2004

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500042479825
 11/04/04--01054--005 **\$5.00

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: [Signature] 10/26/04 972-869-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #