


M03000000222

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name <div style="text-align: center; font-weight: bold; font-size: 1.2em;">S. E. Residential Central Associates LLC</div>			
2. Principal Office Address 825 Third Avenue Suite, Apt. #, etc. 36th Floor City & State New York, New York Zip 10022		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country USA	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business In Florida 1/21/2003	
6. FEI Number 54-2094463		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

FILED
 2006 MAY 16 PM 4:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 200674

05

h/c

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	32301-2525

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 Laura R. Dunlap **Laura R. Dunlap**
 as its agent Date 5/16/06
 REGISTERED AGENT MUST SIGN

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	Southeast Residential II Associates LLC	825 Third Avenue, 36th Floor	New York, New York 10022

REINSTATEMENT 2005-2006

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 Jeffrey Hertz Date 5/16/06 Daytime Phone # _____
 Typed or printed name of signing Managing Member/Manager Jeffrey Hertz, V.P.



CORPORATION SERVICE COMPANY

MO 30 000000222

ACCOUNT NO. : 072100000032

REFERENCE : 109809 4348715

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ ~~205.00~~

ORDER DATE : May 16, 2006

ORDER TIME : 1:56 PM

ORDER NO. : 109809-015

CUSTOMER NO: 4348715

205.00

[Signature]

FILED
2006 MAY 16 PM 4:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

REINSTATEMENT

NAME: S. E. RESIDENTIAL CENTRAL
ASSOCIATES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____

RECEIVED
06 MAY 16 PM 2:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA