

FILED

2008 APR 30 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # M03000000598

1. Entity Name
MGP TAMARAC, LLC

Principal Place of Business Mailing Address
1938 FAIRVIEW AVENUE EAST, SUITE 300 **1938 FAIRVIEW AVENUE EAST, SUITE 300**
SEATTLE, WA 98102 **SEATTLE, WA 98102**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04242008 REIN-LLC CR2E101 (1/07)

4. FEI Number Applied For
33-1641223 Not Applicable

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

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
City **Plantation** FL Zip Code **33324**

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 *Stephen Suske* DATE **4/30/08**

FILE NOW!! FEE IS \$277.50

In accordance with s. 807.183(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRILL GARDENS L.L.C. 1938 FAIRVIEW AVENUE EAST, SUITE 300 SEATTLE, WA 98102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CSH Real Property 1 LLC 100 Milverton Drive, Suite 700 Mississauga, Ontario, L5R 4H1, Canada <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
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 exemptions contained in Chapter 119, 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 808, Florida Statutes.

SIGNATURE: *X* **Stephen Suske** DATE: **April 24, 2008**

REINSTATEMENT 67-08

Florida Department of State 2008 APR 30 AM 8: 19
Division of Corporations SECRETARY OF STATE
Public Access System TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

MGP TAMARAC, LLC

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TALLAHASSEE, FLORIDA

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