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LIMITED LIABILITY REINSTATEMENT

MS WHISPERING PALMS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$516.25

\$416.25

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T. HAMPTON

APR 30 2009

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT #

1. Limited Liability Company's Name

MS Whispering Palms, L.L.C.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1585 Broadway		3. Mailing Office Address 1585 Broadway	
Suite, Apt. #, etc. 37th Floor		Suite, Apt. #, etc. 37th Floor	
City & State New York, New York		City & State New York, New York	
Zip 10036	Country USA	Zip 10036	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 20-1796311	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.

Signature of Registered Agent: Terence Hardley Asst. Secretary Date: 04/28/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
	See attached Schedule I		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 609, 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.

Morgan Stanley Real Estate Fund IV Domestic, L.P.
By: MSREF IV Domestic-GP, L.L.C., its general partner Date: 04/28/09 Daytime Phone: (404) 846-1409

By: M. Logan
Monique Logan, Assistant Secretary

REINSTATEMENT 2007-2009

SCHEDULE I

MS Whispering Palms, L.L.C.

Information with regard to Paragraph 10 (the name and business address of the managing members):

Morgan Stanley Real Estate Fund IV Domestic, L.P.
1585 Broadway 37th Floor, New York, NY 10036

MSP Real Estate Fund IV, L.P.
1585 Broadway 37th Floor, New York, NY 10036

Morgan Stanley Real Estate Investors IV Domestic, L.P.
1585 Broadway 37th Floor, New York, NY 10036

Morgan Stanley Real Estate Fund IV Special Domestic, L.P.
1585 Broadway 37th Floor, New York, NY 10036

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