

# M03 000003403

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000146167 3))



H080001461673AEC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

RECEIVED

08 JUN -6 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## LIMITED LIABILITY REINSTATEMENT

### RCC ASSET MANAGERS V L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$655.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUN -6 AM 8:53

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

JUN - 9 2008

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
 08 JUN -6 AM 8:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**DOCUMENT #** M03000003403

**1. Limited Liability Company's Name**  
RCC Asset Managers V L.L.C.

**2. Principal Office Address - No P.O. Box #**  
625 Madison Avenue, 5th Floor  
Suits, Apt. #, etc.  
City & State  
New York, NY  
Zip Country  
10022 USA

**3. Mailing Office Address**  
625 Madison Avenue, 5th Floor  
Suits, Apt. #, etc.  
City & State  
New York, NY  
Zip Country  
10022 USA

**4. State/Country of Formation**  
Delaware  
**5. Date Organized or Qualified To Do Business in Florida**  
October 13, 2003  
**6. FEI Number**  
13-3892419  
**7. CERTIFICATE OF STATUS DESIRED**  **\$5.00 Additional Fee required for a Certificate of Status**  
Applied For  
Not Applicable

**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  
Suits, Apt. #, Etc.  
City State Zip Code  
Plantation FL 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 606, F.S.**  
Signature of Registered Agent Connie Beyer **CONNIE BEYER**  
REGISTERED AGENT MUST SIGN  
Date 6/14/08

**10. Names and Street Addresses of Managing Members/Managers**

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Centerline Manager LLC	625 Madison Avenue, 5th Floor	New York, NY 10022
<b>REINSTATEMENT 2005-2008</b>			

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 605.408, 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 M. D. Schnitzer  
Date 06-03-2008 Daytime Phone # (212) 317-5700  
Typed or printed name of signing Managing Member/Manager Marc D. Schnitzer