

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000000612		
1. Entity Name CMD ST FINANCIAL CENTRE, LLC		

Principal Place of Business 401 EAST JACKSON STREET TAMPA, FL 33602	Mailing Address 401 EAST JACKSON STREET TAMPA, FL 33602
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 DEC 12 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12122005 REIN-LLC CR2E101 (6/04)

4. FEI Number 20-0726399		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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: Laura R. Dunlap as its agent DATE: 12/12/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2006, 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORM CMD REALTY INVESTMENT FUND IV, L.P. 2700 W. MONROE STREET, SUITE 3900 CHICAGO, IL 60606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300062108813 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Sarah A. Richardson DATE: 12/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

SARAH A. RICHARDSON AUTHORIZED REPRESENTATIVE

CSC.

CORPORATION SERVICE COMPANY

M040000000 6/2

FILED
DEC 12 AM 8:52
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 751595 4304492

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : December 12, 2005

ORDER TIME : 2:47 PM

ORDER NO. : 751595-020

CUSTOMER NO: 4304492

BK

REINSTATEMENT

NAME: CMD ST FINANCIAL CENTRE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____