M04000001171

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

INNISBROOK AT PINELLAS GP, LLC

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M04000001171

1. Limited Liability Company's Name

INNISBROOK AT PINELLAS GP, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
230 Park Avenue	230 Park Avenue
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: New York, New York	City & State: New York, New York
Zip: 10169-0005 Country: USA	Zip: 10169-0005 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: March 26, 2004

6. FEI Number: 20-0914963 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $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 608, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: January 24, 2007

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CLPF - Innisbrook, L.P.	230 Park Avenue	New York, New York 10169

REINSTATEMENT 05.06.07

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 ---REFER TO ATTACHED PAGE FOR SIGNATURE--- Date 1.24.2007 Daytime Phone #

Typed or printed name of signing Managing Member/Manager

SIGNATURE PAGE

TO

STATE QUALIFICATION FILING

INNISBROOK AT PINELLAS GP, LLC

By: CLPF – Innisbrook, L.P., its sole member

By: CLPF – Innisbrook GP, LLC, its general partner

By: Clarion Lion Properties Fund Holdings, L.P.,
its sole member

By: CLPF-Holdings, LLC, its general partner

By: Clarion Lion Properties Fund Holdings REIT, LLC,
its sole member

By: Clarion Lion Properties Fund, LLC,
its managing member

By: ING Clarion Partners, LLC, its manager

By: _____

Name: Stephen B. Hansen
Title: Authorized Signatory

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