


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M04000001486			
1. Limited Liability Company's Name Credit Properties GP LLC			
2. Principal Office Address c/o CharterMac Suite, Apt. #, etc. 625 Madison Avenue City & State New York, New York Zip 10022		3. Mailing Office Address c/o CharterMac Suite, Apt. #, etc. 625 Madison Avenue City & State New York, New York Zip 10022	
Country USA		Country USA	
4. State/Country of Formation Delaware			
5. Date Organized or Qualified To Do Business in Florida April 19, 2004			
6. FEI Number 20-0755024		Applied For <input type="checkbox"/> Not Applicable	
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 Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301-2525
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 <i>Cynthia L. Harris</i>		Cynthia L. Harris as its agent Date 7/27/06	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RCC Manager LLC	c/o CharterMac, 625 Madison Avenue	New York, New York 10022
		c	
REINSTATEMENT 2005-2006			
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 <i>Alan Hirmes</i>		Date July 26, 2006 Daytime Phone # (212) 317-5700	
Typed or printed name of signing Managing Member/Manager Alan Hirmes, President of the Manager			



CORPORATION SERVICE COMPANY

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RECEIVED

06 JUL 27 PM 4:06

ACCOUNT NO. : 072100000032

REFERENCE : 271328 7232404

AUTHORIZATION :

COST LIMIT : \$ 200.00

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : July 27, 2006

ORDER TIME : 1:54 PM

ORDER NO. : 271328-005

CUSTOMER NO: 7232404

BK

FILED
06 JUL 27 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: CREDIT PROPERTIES GP LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____