


M04 000001488

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
2006 JUL 18 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900077690049

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Independence Associates GP LLC

MIC

2. Principal Office Address

c/o CharterMac

Suite, Apt. #, etc

625 Madison Avenue

City & State

New York, New York

Zip

10022

Country

USA

3. Mailing Office Address

c/o CharterMac

Suite, Apt. #, etc

625 Madison Avenue

City & State

New York, New York

Zip

10022

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

April 19, 2004

6. FEI Number

20-0755070

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

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

Brian Courtney
Asst. V. Pres.

Date July 18, 2006

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

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 608.405, 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



Date July 17, 2006

Daytime Phone# (212) 317-5700

Typed or printed name of signing Managing Member/Manager Alan Hirmes, President of the Manager



CORPORATION SERVICE COMPANY

M040000001488

ACCOUNT NO. : 072100000032
REFERENCE : 249322 7232404
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 200.00

FILED
2006 JUL 18 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 18, 2006
ORDER TIME : 3:39 PM
ORDER NO. : 249322-035
CUSTOMER NO: 7232404

BK

RECEIVED
06 JUL 18 PM 4:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: INDEPENDENCE ASSOCIATES GP LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____