

# Florida Department of State

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## LIMITED LIABILITY REINSTATEMENT

#### INDEPENDENCE ASSOCIATES GP LLC

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March 7, 2008

#### FLORIDA DEPARTMENT OF STATE

Division of Corporations

INDEPENDENCE ASSOCIATES GP LLC C/O CHARTERMAC 625 MADISON AVENUE NEW YORK, NY 10022

SUBJECT: INDEPENDENCE ASSOCIATES GP LLC

REF: M04000001488

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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COMPAN	FLORIDA DEPARTMENT OF STATE  COMPANY  EINSTATEMENT  FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF COMPORATIONS			SECRETARY OF STATE TALLAHASSEE FLORIDA			
1. Umited Lighlity Con-	F# M0400001488 phry's Name E ASSOCIATES GP (						
2. Principal Office Address - No P.O Box # 3. Mailing Office Address				4	CR2E041 (12/07)		
. · ·		625 MADISON AVENUE		4. State/Country of Formation			
Suito, Apl. #, etc.	,	Suite, Apt. #, etc.	Bulle, Apt. #, etc.		DELAWARE		
5th FLOOR		5th FLOOR	OOR		5. Date Organized or Qualified To Do Business in Fiorida April 19, 2004		
City & State	<del></del>	City & State	-		6. FEI Number Applied For		
NEW YORK, NY		NEW YORK, NY	<del></del>	20-0755070 Not Applicable			
Zip 10022	Country USA	Zip 10022	Country USA	7. CERTIFICATE	CERTIFICATE OF STATUS DESIRED   55 00 Another at Fee requirement for a Certific at all Status		
	8. Name and Address (	f Current Registered Ago	ut				
CT Corporation System  Street Address (P.O. Bon Number is Not Acceptable)  1200 South Pine Island Road  Suite, Apt. 4, Etc.  City Plantation  State 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 walved.			
9. It being appointed the registered agent of the above named smited liability agent, an familiar with and accept the obligations of Chapter 808, F.S.  Signisture of Registered Agent  THE GISTERED SENT MUST SIGN 1							
10. Norman and Street	Addresses of Managing Ma	превеминявая					
Titles	Name of Munuging Mombers/Manag	en:	Street Address of Each Managing Mcmber/Manager		City / State / Zip		
						<u></u>	
			REINS	TATE	EMENIC		
filing this reinstatem	ent application the reason to limited hability company has	r dissolution has been elimi	nisted, the Britted Bability comp In Indicated on this application	pany name satisfica	I for in chapter 608, F.S. I furth the requirements of section 60 te, and my signature shall have	8,406, F.S., and that	
Managing Member/Missa	ager WVV L	Robert L	Desc Levy, Chief Financial		aytime Phone #(212)	317-3700	

### Independence Associates GP LLC

## **OFFICERS AND DIRECTORS:**

Asst. Secretary -	Steven A. Beede	625 Madison Avenue, 5th Floor, New York, NY 10022
CFO -	Robert L. Levy	625 Madison Avenue, 5th Floor, New York, NY 10022
Pres. & CEO -	Andrew J. Weil	625 Madison Avenue, 5th Floor, New York, NY 10022
Treasurer	Glenn Hopps	625 Madison Avenue, 5th Floor, New York, NY 10022
Vice President	Justin Ginsberg	625 Madison Avenue, 5th Floor, New York, NY 10022
Vice President	Stephen Roger	625 Madison Avenue, 5th Floor, New York, NY 10022
Secretary	John D'Amico	625 Madison Avenue, 5th Floor, New York, NY 10022