PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 JUL 20 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000002427

1. Limited Liability Company's Name
AUBURN GLEN I, LLC

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CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
12100 Wilshire Blvd.	12100 Wilshire Blvd.
Suite, Apt. #, etc. Suite 250	Suite, Apt. #, etc. Suite 250
City & State Los Angeles, CA	City & State Los Angeles, CA
Zip 90025 Country USA	Zip 90025 Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 05/19/04

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive, Suite 4

Suite, Apt. #, Etc.: Suite 4

City: Weston | State: FL | Zip Code: 33331

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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: Carol Shelton, Asst. Sec. Date: 7-20-06
REGISTERED AGENT MUST SIGN

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
MGR	COMMERCIAL VENTURES, INC.	12100 WILSHIRE BLVD SUITE 250	LOS ANGELES, CA 90071

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 608.508, 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: 7-20-06 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: RICHARD J. NATHAN, PRESIDENT