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LIMITED LIABILITY REINSTATEMENT
TAMPA MEMORIAL CENTER, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # M04000002595

1. Limited Liability Company's Name

Tampa Memorial Center, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o AEW, 2 Seaport Lane			
Suite, Apt. #, etc. 16th Floor		Suite, Apt. #, etc.	
City & State: Boston, MA		City & State	
Zip: 02210	Country: USA	Zip	Country

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 7/1/2004

6. FEI Number: 20-1128839 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee is required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

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] AMY BERTELETTI VICE PRESIDENT Date: 1/4/10

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
MGRM	Citibank, N.A., as Trustee of the UTC Mate	c/o AEW, 2 Seaport Lane, 16th Floor	Boston, MA 02210

REINSTATEMENT -10-11

11. E-mail Address: sbouchard@aew.com (To be used for future annual report notifications)

12. I certify that I am the 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: [signature] Date: 1/4/11 Daytime Phone #: 617-261-9000

Typed or printed name of signing Managing Member/Manager: James J. Finnegan, Authorized Representative of Managing Member

FL030 - 01/2010 C T System Online

C.L.