


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M04000002696			
1. Limited Liability Company's Name JRH Properties I, LLC			
2. Principal Office Address - No P.O. Box # 230 Park Avenue		3. Mailing Office Address 230 Park Avenue	
Suite, Apt. #, etc. 12th Floor		Suite, Apt. #, etc. 12th Floor	
City & State New York, New York		City & State New York, New York	
Zip 10169	Country USA	Zip 10169	Country USA
4. State/Country of Formation Delaware, USA			
5. Date Organized or Qualified To Do Business in Florida June 3, 2004			
6. FEI Number 51-0298118			Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
<input type="checkbox"/> 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 waived.			
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		and Assistant Secretary Date 3/2/2010	
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
MM	Eastern Investment Management Company	c/o ING Clarion Partners 230 Park Ave, 12th Floor	New York, NY 10169
REINSTATEMENT 2005-2010			
800171330448			
03/05/10--01007--004 **937.50			
11. E-mail Address: James.Facompre@ingclarion.com			
12. 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		Date	Daytime Phone #
James Facompre		2/26/10	212 883 2608
Typed or printed name of signing Managing Member/Manager James Facompre			