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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 06 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000003703

1. Limited Liability Company's Name
ASN Doral West, LLC

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
9200 E Panorama Circle		9200 E Panorama Circle	
Suite, Apt. #, etc Suite 400		Suite, Apt. #, etc Suite 400	
City & State Englewood, CO		City & State Englewood, CO	
Zip 80112	Country USA	Zip 80112	Country USA

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida 9/6/2004

6. FEI Number
20-4115329
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

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, hereby accept the obligations of Chapter 608, F.S.

Signature of Registered Agent James Martin Assistant Secretary Date 2/3/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Archstone-Smith Operating Trust	9200 E Panorama Circle, Suite 400	Englewood, CO 80112
		REINSTATEMENT	05-06

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 608.406, F.S., and that all fees owed by the limited liability company have been paid. This 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 2-2-06 Daytime Phone # 303-708-5959

Typed or printed name of signing Managing Member/Manager Mark Schumacher, Chief Accounting Officer

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