

M04000003795

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 SEP - 5 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name MT Florida LLC d/b/a Granite MT Florida LLC BK			
2. Principal Office Address - No P.O. Box # 300 Campus Drive Suite, Apt. #, etc. 3rd Floor City & State Florham Park, NJ Zip 07932 Country U.S.A.		3. Mailing Office Address 300 Campus Drive Suite, Apt. #, etc. 3rd Floor City & State Florham Park, NJ Zip 07932 Country U.S.A.	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 09/15/2004	
6. FEI Number 20-175931		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
<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.			
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301 BK			
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 Doreen Wallace Doreen Wallace Assistant Vice President Date 9/5/07			
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
Owner	Black Rock Granite	300 Campus Drive, 3rd Floor	Florham Park, NJ 07932
Member	Property Fund, L.P.		
REINSTATEMENT 2005-2007			
300109087933			
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. 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 #			
Typed or printed name of signing Managing Member/Manager Please See Attached Signature Page			

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**SIGNATURE PAGE
TO
FLORIDA DEPARTMENT OF STATE
LIMITED LIABILITY COMPANY
REINSTATEMENT
FOR
MT FLORIDA LLC**

FILED
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TALLAHASSEE, FLORIDA

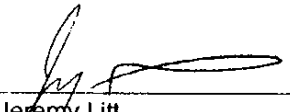
BK

MT Florida LLC
a Delaware limited liability company

By: BlackRock Diamond Property Fund, L.P.,
a Delaware limited partnership
its Sole Member

By: BlackRock Diamond Property Fund, LLC,
a Delaware limited liability Company,
its General Partner

By: BlackRock Diamond Property Fund, Inc.,
a Maryland corporation,
its Sole Member

By: 
Jeremy Litt,
Assistant Secretary

BK



CORPORATION SERVICE COMPANY

MO4000003795

ACCOUNT NO. : 072100000032

REFERENCE : 129748 7560107

AUTHORIZATION :

COST LIMIT :

Louise

250.00

FILED
07 SEP -5 AM 10:26
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

ORDER DATE : September 5, 2007

ORDER TIME : 11:38 AM

ORDER NO. : 129748-005

CUSTOMER NO: 7560107

REINSTATEMENT / CONSENT TO ADOPT ALTERNATE
NAME

NAME: MT FLORIDA LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
X PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 SEP -5 PM 4:15
NOT FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING