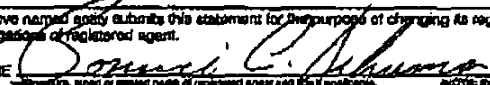
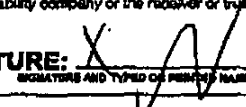


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TALLAHASSEE, FLORIDA

**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # M04000003844			
1. Entity Name MGP PORT ST. LUCIE, LLC			
Principal Place of Business 1938 FAIRVIEW AVENUE EAST, SUITE 300 SEATTLE, WA 98102		Mailing Address 1938 FAIRVIEW AVENUE EAST, SUITE 300 SEATTLE, WA 98102	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1393178		Applied For ☐ Additional Fee Required	
5. Certificate of Status Desired ☐		\$5.00	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202		Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd. City Plantation FL Zip Code 33324	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.			
SIGNATURE 		DATE 4/30/08	
FILE NOW! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRILL GARDENS LLC 1938 FAIRVIEW AVENUE EAST, SUITE 300 SEATTLE, WA 98102 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CSH Real Property 1 LLC 100 Milverton Drive, Suite 700 Mississauga, Ontario, L5R 4H1, Canada ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Stephen Suske APRIL 24, 2008	

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LIMITED LIABILITY REINSTATEMENT

MGP PORT ST. LUCIE, LLC

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