FILED
05 NOV 18 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000005499

1. Entity Name
MIAMI SUMMERFIELD OWNERS, LLC

Principal Place of Business	Mailing Address
1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207	1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207

BK

11182005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
1221 Brickell Avenue	1221 Brickell Avenue
Suite, Apt. #, etc.: 900	Suite, Apt. #, etc.: 900
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 registered agent.

SIGNATURE: Lynette Coleman as its agent DATE: 11/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SUMMERFIELD HOTEL HOLDING COMPANY, L.L.C. 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Sum Mezz, LLC 1221 Brickell Avenue, Ste. 900 Miami, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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REINSTATEMENT 2005

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jay S. S. (Authorized Rep) 11/18/05 212 592 6181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #