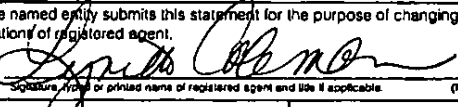


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M04000005499			
1. Entity Name MIAMI SUMMERFIELD OWNERS, LLC			
Principal Place of Business 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207		Mailing Address 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207	
2. Principal Place of Business 1221 Brickell Avenue		3. Mailing Address 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		11182005 REIN-LLC CR2E101 (6/04)	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		☐ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent 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 11/18/05 (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
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
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:  (Authorized Rep)		11/18/05 212 592 6181	