

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # M04000005593

1. Entity Name
RIVERWALK GP HOLDINGS LLC



2006 MAR 22 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000068316550

Principal Place of Business
399 PARK AVENUE
NEW YORK, NY 10022

Mailing Address
399 PARK AVENUE
NEW YORK, NY 10022

05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032006 REIN-LLC CR2E101 (11/05)

4. FEI Number
APPLIED FOR

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

WEISSLER, ROBERT I
150 WEST FLAGLER STREET, SUITE 2200
STEARNS WEAVER MILLER WEISSLER ALHADEFF
MIAMI, FL 33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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
PAMI LBREP II LLC
399 PARK AVENUE
NEW YORK, NY 10022

☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

104000005593

ACCOUNT NO. : 072100000032

REFERENCE : 934458 4311473

AUTHORIZATION

COST LIMIT : \$ 200.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 MAR 22 PM 12:54

FILED

ORDER DATE : March 22, 2006

ORDER TIME : 10:02 AM

ORDER NO. : 934458-005

CUSTOMER NO: 4311473

BN

DOMESTIC FILINGS

NAME: RIVERWALK GP HOLDINGS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - Ext# 2916

EXAMINER'S INITIALS _____

STATE
CORPORATION
TALLAHASSEE, FLORIDA

06 MAR 22 AM 10:46

RECEIVED