PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 FEB -6 PM 3: 24
DOCUMENT # M0500000827 1. Limited Liability Company's Name Elm Creek Apartments L.L.C.		
ETIM CLEEK APMITTION	VIS 2 5 6	CR2E041 (12/07)
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address 1700 S. Ocean Blvd	,
5130 N. Federal Hwy Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State/Country of Formation OKIGHOMA 2004
# 7	# 4 B	5. Date Organized or Qualified To Do Business in Florida 2004
City & State Fort Landerdale	Lauderdale By The Sea	6. FEI Number Applied For
Zip Country	Zip Country	13 - 5 5 3 3 7 6 Not Applicable
33308 USA	33062 USA	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name Bonnie Chaplin		✓A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable)		receive the prior notices. By checking this
Suite, Apt. #, Etc.		box, you are certifying the prior notices were not received and requesting the \$100
City State Zip Code		reinstatement be waived.
Lauderdale By The Sea FL 33062		
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 Date 1/29/07 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manag	Street Address of Each	
Mgr Bonnie Chaplin	n 1700 S. Ocean 1	31vd #18 Lauderdale By The Sea -
		FL, 33062
		02/66/18-01042-023 **416.25
REINSTATEMENT 2	006-2008	
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 filling 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 Bo Chapt Date 1/29/08 Daytime Phone # 954/776.7688		
Typed or printed name of signing Managing Member/Manager		