

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 MAY 22 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/31/07--01014--017 **100.00

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000001482					
1. Limited Liability Company's Name BOYNTON SHOPPES MEMBER LLC					
BK					
2. Principal Office Address - No P.O. Box # 245 PARK AVENUE			3. Mailing Office Address PO BOX 5005		
Suite, Apt. #, etc. 2ND FLOOR			Suite, Apt. #, etc.		
City & State NEW YORK, NY			City & State NEW YORK, NY		
Zip 10167	Country UNITED STATES	Zip 10163	Country UNITED STATES	4. State/Country of Formation DELAWARE	
				5. Date Organized or Qualified To Do Business in Florida 03/18/2005	
				6. FEI Number 202015056	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name CT CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
Suite, Apt. #, Etc.					
City PLANTATION		State FL	Zip Code 33324	<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
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 <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	Commingled Pension Trust Fund (Special Situation Property) of JP Morgan Chase Bank, N.A.	245 PARK AVENUE, 2ND FLOOR, NEW YORK, NY 10167			
REINSTATEMENT 2006-2007					
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 filing 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 <u>Cyndi P. Quintero</u> Date <u>05/11/2007</u> Daytime Phone # <u>212.648.2245</u>					
Typed or printed name of signing Managing Member/Manager <u>CYNDI P. QUINTERO VP</u>					