

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M05000001913

Entity Name: RUBICONPARK II, LLC

**FILED**  
**Dec 12, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

805 THIRD AVENUE, 8TH FLOOR  
NEW YORK, NY 10022

**New Principal Place of Business:**

188 E. CAPITOL ST., STE. 1000  
JACKSON, MS 39201

**Current Mailing Address:**

805 THIRD AVENUE, 8TH FLOOR  
NEW YORK, NY 10022

**New Mailing Address:**

188 E. CAPITOL ST., STE. 1000  
JACKSON, MS 39201

FEI Number: 01-0831720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ANGELA GAWLINSKI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RUBICON U.S. REIT, I, NC.  
Address: 805 THIRD AVENUE, 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: PARKWAY PROPERTIES L, P  
Address: 188 E. CAPITOL ST., STE. 1000  
City-St-Zip: JACKSON, MS 39201

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN G. ROGERS

PRES

12/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date