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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000005234

1. Limited Liability Company's Name
BRBOP AIP Orlando LLC

2. Principal Office Address 181 Bay Street		3. Mailing Office Address 181 Bay Street	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Toronto, Ontario		City & State Toronto, Ontario	
Zip M5J 2T3	Country Canada	Zip M5J 2T3	Country Canada

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2ED41 (9/05)

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
09/21/2005

6. FEI Number
203461264

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DENIED

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

9. I, being appointed the registered agent of the above named limited liability company, do hereby with and accept the obligations of Chapter 603, F.S.

Signature of Registered Agent
[Signature] **James M. Halpin**
Assistant Secretary

Date
09/27/06

10. Name and Street Address of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BRBOP AIP LLC	181 Bay Street, Suite 300	Toronto/Ontario/Canada/M5J 2T3

11. I certify that I am managing member/manager or the register or trustee empowered to execute this application as provided for in chapter 603, F.S. I further certify that when filing this reinstatement application the fees for such action has been obtained, the limited liability company reaffirms the requirements of section 606.003, F.S., and that all fees owed by the limited liability company have been paid. The information included 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
[Signature] **MICHAEL SPEER**, its Authorized Officer

Date
Sept 27/06

Telephone Number
416-359-8338

Florida Department of State
Division of Corporations
Public Access System

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

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