

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 MAY -1 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000006628 1. Entity Name OAK FOREST OWNER LLC				 <div style="position: absolute; top: 0; right: 0; font-size: 2em; opacity: 0.5;">06</div>	
Principal Place of Business C/O BLACKROCK REALTY ADVISORS, INC. 300 CAMPUS DRIVE, 3RD FLOOR FLORHAM PARK, NJ 07932			Mailing Address C/O BLACKROCK REALTY ADVISORS, INC. 300 CAMPUS DRIVE, 3RD FLOOR FLORHAM PARK, NJ 07932		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04302007 REIN-LLC CR2E101 (1/07)	
4. FEI Number				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 <u><i>Carina L. Dunlap</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			Carina L. Dunlap Asst. Vice President <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$100.00			In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OAK FOREST INVESTOR LLC 300 CAMPUS DRIVE, 3RD FLOOR FLORHAM PARK, NJ 07932 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT 2006-2007					
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: <u><i>William A. Finelli</i></u> William A. Finelli, CFO's Treasurer <u>4/30/07</u> <u>973-264-2700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



CORPORATION SERVICE COMPANY

105000006628

ACCOUNT NO. : 072100000032
REFERENCE : 876536 7560107
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 100.00

FILED
MAY - 1 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 1, 2007
ORDER TIME : 12:22 PM
ORDER NO. : 876536-005
CUSTOMER NO: 7560107

BK

REINSTATEMENT

NAME: OAK FOREST OWNER LLC

BK

XX REINSTATEMENT

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 MAY - 1 PM 2:59
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS _____