

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV -6 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182007 REIN-LLC CR2E101 (1/07)

DOCUMENT # M06000001584					
1. Entity Name CENTREPARK WEST III INVESTORS LLC					
Principal Place of Business % TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109-1775			Mailing Address % TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109-1775		
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	4. FEI Number 20-4356441	
				Applied For 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		
			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		Lisa G. Mulligan, Assistant VP		DATE 10-19-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$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 TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 021091775	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900111634183 11/02/07--01011--007 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 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:		MICHAEL A. RUANE		DATE 10/25/07 (617) 476-2700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	