

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV -6 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



10182007 REIN-LLC CR2E101 (1/07)

DOCUMENT # M06000001587 1. Entity Name CENTREPARK WEST X 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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 20-43565123 <input type="checkbox"/> Applied For <input checked="" 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525																									
7. Name and Address of New Registered Agent 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 <u><i>Lisa G. Mulligan</i></u> Lisa G. Mulligan, Assistant VP <u>10-19-07</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TA ASSOCIATES REALTY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>28 STATE STREET, 10TH FLOOR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOSTON, MA 021091775</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	TA ASSOCIATES REALTY		STREET ADDRESS	28 STATE STREET, 10TH FLOOR		CITY-ST-ZIP	BOSTON, MA 021091775		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">400111634214</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>11/02/07--01011--008 **50.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	400111634214	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	11/02/07--01011--008 **50.00		STREET ADDRESS			CITY-ST-ZIP		
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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>Michael A. Ruane</i></u> MICHAEL A. RUANE <u>10/25/07</u> <u>(917) 476-2700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													