


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 JUL 24 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # M06000001746		
1. Entity Name A-LOOP HOLDINGS, LLC		

Principal Place of Business UBS JERSEY, 24 UNION STREET JERSEY, CHANNEL ISLANDS, XX	Mailing Address UBS JERSEY, 24 UNION STREET JERSEY, CHANNEL ISLANDS, XX
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2. Principal Place of Business - No P.O. Box # AEW Capital Management, L.P. Suite, Apt. #, etc. World Trade Center East, 2 Seaport Ln. City & State Boston, MA Zip 02210 Country USA	3. Mailing Address AEW Capital Management, L.P. Suite, Apt. #, etc. World Trade Center East, 2 Seaport Ln. City & State Boston, MA Zip 02210 Country USA
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06122008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-4003608	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 CFRA, LLC CORPORATE CENTER THREE AT INTERNATIONAL PL 4221 W. BOY SCOUT BLVD., SUITE 1000 TAMPA, FL 33607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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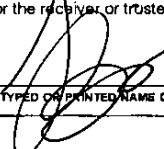
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$277.50</b>	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM A-NAPF FEEDER C/O UBS JERSEY, 24 UNION STREET JERSEY, CHANNEL ISLANDS, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 07-08 <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	600133971246 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/05/08--01007--012 **\$277.50
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	L. SELLERS <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	JUL 25 2008 <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	EXAMINER <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  James Finnegan 7/18/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #