
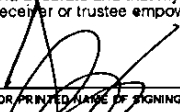


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 23 PM 2:03

<b>DOCUMENT # M06000001747</b> 1. Entity Name <b>A-LOOP INTERMEDIATE HOLDINGS, LLC</b>					
Principal Place of Business <b>UBS JERSEY, 24 UNION STREET JERSEY, CHANNEL ISLANDS, XX</b>			Mailing Address <b>UBS JERSEY, 24 UNION STREET JERSEY, CHANNEL ISLANDS, XX</b>		
2. Principal Place of Business - No P.O. Box # <b>AEW Capital Management, L.P.</b> Suite, Apt. #, etc. <b>World Trade Center East, 2 Seaport Ln.</b> City & State <b>Boston, MA</b> Zip <b>02210</b>		3. Mailing Address <b>AEW Capital Management, L.P.</b> Suite, Apt. #, etc. <b>World Trade Center East, 2 Seaport Ln.</b> City & State <b>Boston, MA</b> Zip <b>02210</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-4003401</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CFRA, LLC CORPORATE CENTER THREE AT INTERNATIONAL PL 4221 W. BOY SCOUT BLVD., SUITE 1000 TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM A-LOOP HOLDINGS, LLC <input checked="" type="checkbox"/> Delete C/O UBS JERSEY, 24 UNION STREET JERSEY, CHANNEL ISLANDS,		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> <b>000133971040</b>  <b>08/05/08--01007--009 **277.50</b> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM A-Loop Holdings, LLC <input type="checkbox"/> Delete To AEW Capital Management, L.P. World Trade Center East, 2 Seaport Ln. Boston, MA 02210		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	
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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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	
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>  </div> <div style="width: 30%;"> <b>J. Finnegan</b> </div> <div style="width: 20%;"> <b>7/17/08</b> </div> <div style="width: 10%; text-align: right;"> <b>REINSTATEMENT 2007-08</b> </div> </div>					