

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 PM 2:48

DOCUMENT # M06000003768					
1. Entity Name CP/IPERS CORAL, LLC					
Principal Place of Business % ING CLARION PARTNERS, LLC 230 PARK AVENUE NEW YORK, NY 10169			Mailing Address % ING CLARION PARTNERS, LLC 230 PARK AVENUE NEW YORK, NY 10169		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 42-6150870	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name <u>Corporation Service Company</u> Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays St</u> City <u>Tallahassee</u> FL Zip Code <u>32301</u>	
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>Ann R. Shilling</u> Ann R. Shilling, Assistant VP DATE <u>4-16-08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$277.50		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 CP/IPERS, LLC. 230 PARK AVENUE NEW YORK, NY 10169 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 000125142460 04/23/08--01002--003 **277.50
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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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u>4/16/08</u> Daytime Phone # <u>212 882 2605</u>	