

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # MO60000004868

1. Limited Liability Company's Name

**CJUF II MFM MORRISON LLC**

2. Principal Office Address - No P.O. Box #  
**2000 Avenue of the Stars**

Suite, Apt. #, etc.

**11th Floor**

City & State

**Los Angeles, CA**

Zip

**90067**

Country

**USA**

3. Mailing Office Address

**2000 Avenue of the Stars**

Suite, Apt. #, etc.

**11th Floor**

City & State

**Los Angeles, CA**

Zip

**90067**

Country

**USA**

4. State/Country of Formation

**Delaware**

5. Date Organized or Qualified  
To Do Business in Florida

**09/05/2006**

6. FEI Number

**20-5607464**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

FILED

12 JUL 11 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

**National Corporate Research, Ltd., Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**155 Office Plaza Drive**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

E-mail Address:

**300237338813**

**eschmitt@cjuf.com**

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Richard Arthur* **Richard Arthur, Asst. Secretary** Date **7/10/2012**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Canyon-Johnson Urban Fund III, L.P.	2000 Avenue of the Stars, 11th Fl.	Los Angeles, CA 90067

**REINSTATEMENT 09-12**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*See attached signature page*

Date **07-10-12**

Daytime Phone # **310-272-1500**

Typed or printed name of signing Managing Member/Manager See attached signature page

Signature page to that certain Limited Liability Company Reinstatement Application dated July 10, 2012 by K. Robert Turner, the Managing Partner of Canyon-Johnson Realty Advisors II LLC, a Delaware limited liability company, the General Partner of Canyon-Johnson Urban Fund II, L.P., a Delaware limited partnership, the managing member of CJUF II MFM Morrison LLC.

**MANAGING MEMBER:**

**CANYON-JOHNSON URBAN FUND II, L.P.,**  
a Delaware limited partnership

By: Canyon-Johnson Realty Advisors II LLC,  
a Delaware limited liability company,  
its General Partner

By: 

Name: K. Robert Turner

Title: Managing Partner

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TALLAHASSEE, FLORIDA

**M06000004868**

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 07-11-2012**

**NAME: CJUF II MFM MORRISON LLC**

**TYPE OF FILING: REINSTATEMENT**

**COST: \$655.00**

**RETURN:**

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**M. O'Brien JUL 12 2012**