FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 APR -1 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M060000005785

1. Limited Liability Company's Name

LVF Town Place Apartments, LLC

800147538368
03/26/09--01015--007 **521.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o ING Clarion Partners	c/o ING Clarion Partners
Suite, Apt. #, etc.	Suite, Apt. #, etc.
230 Park Avenue	230 Park Avenue
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10009 / USA	10009 / USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 10/19/2006

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Judith Reyes Asst. Secretary Date: 3/23/09

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
MGR	Lion Value Fund OP, L.L.C.	c/o ING 230 Park Avenue	New York, NY 10169

REINSTATEMENT 07-09 AL

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 608.408, 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.

Signature of Managing Member/Manager: _____ Date: 3/19/09 Daytime Phone #: 212 883 2548

Typed or printed name of signing Managing Member/Manager: Dan Reid