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LIMITED LIABILITY REINSTATEMENT

VIF II/CYPRESS GREENS, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1102 00000 4654 1. Limited Liability Company's Name VIF II/Cypress Greens, LLC			
2. Principal Office Address - No P.O. Box # c/o AEW Capital Management		3. Mailing Office Address c/o AEW Capital Management	
Suite, Apt. #, etc. World Trade Center East Two Seaport Lane		Suite, Apt. #, etc. World Trade Center East Two Seaport Lane	
City & State Boston, MA		City & State Boston, MA	
Zip	Country	Zip	Country
02210	USA	02210	USA
4. State/Country of Formation Delaware/USA			
5. Date Organized or Qualified To Do Business in Florida June 25, 2007			
6. FBI Number 26-0455252		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$100 (additional fee required for a Certificate of Status)</small>			
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation			
		State	Zip Code
		FL	33324
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent <i>Kristen Betzger</i> Kristen Betzger Date 11/16/09 <small>REGISTERED AGENT MUST SIGN</small> Vice President			
10. Names and Street Addresses of Managing Member/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MEM</i>	Windy Citisee-Cypress Greens LLC	221 N. Kansas Avenue 16th Floor	El Paso, TX 79901
REINSTATEMENT <i>09</i> <i>AL 11-9-09</i>			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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. Signature of Managing Member/Manager <i>Stephen Beltran</i> Date 11/05/09 Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager Stephen Beltran			

CR2E041 (10/08)

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.