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Division of Corporations  
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LIMITED LIABILITY REINSTATEMENT

VIF II/CYPRESS GREENS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	2
Estimated Charge	\$243.75

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Corporate Filing Menu


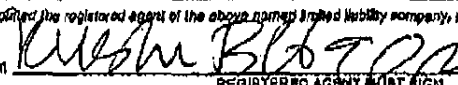


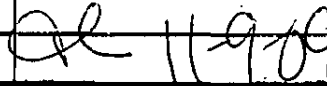

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 1102 00000 4654</b>			
1. Limited Liability Company's Name <b>VIF II/Cypress Greens, LLC</b>			
2. Principal Office Address - No P.O. Box # <b>c/o AEW Capital Management</b>		3. Mailing Office Address <b>c/o AEW Capital Management</b>	
Suite, Apt. #, etc. <b>World Trade Center East Two Seaport Lane</b>		Suite, Apt. #, etc. <b>World Trade Center East Two Seaport Lane</b>	
City & State <b>Boston, MA</b>		City & State <b>Boston, MA</b>	
Zip	Country	Zip	Country
<b>02210</b>	<b>USA</b>	<b>02210</b>	<b>USA</b>
4. State/Country of Formation <b>Delaware/USA</b>			
5. Date Organized or Qualified To Do Business in Florida <b>June 25, 2007</b>			
6. FBI Number <b>26-0455252</b>		<input type="checkbox"/> Applied For <input checked="" 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 <b>CT Corporation System</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>			
Suite, Apt. #, Etc.			
City <b>Plantation</b>		State <b>FL</b>	Zip Code <b>33324</b>
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 		<b>Kristen Betzger</b> Date <b>11/16/09</b> REGISTERED AGENT MUST SIGN <b>Vice President</b>	
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
	<b>Windy Citisee-Cypress Greens LLC</b>	<b>221 N. Kansas Avenue 16th Floor</b>	<b>El Paso, TX 79901</b>
<b>REINSTATEMENT</b>			
			
			
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 		Date <b>11/05/09</b> Daytime Phone #	
Typed or printed name of signing Managing Member/Manager <b>Stephen Beltran</b>			

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.