
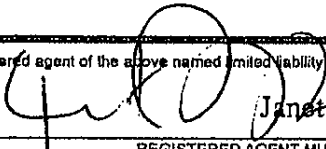
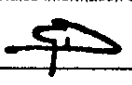


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M08000000177			
1. Limited Liability Company's Name  <b>Marshall Creek Retail Investors, LLC</b>			
2. Principal Office Address - No P.O. Box # <b>3735-B Beam Road</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>P.O. Box 19868</b> Suite, Apt. #, etc.	
City & State <b>Charlotte, NC</b>		City & State <b>Charlotte, NC</b>	
Zip <b>28217</b>	Country <b>Mecklenburg</b>	Zip <b>28219</b>	Country <b>Mecklenburg</b>
8. Name and Address of Current Registered Agent Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b> Suite, Apt. #, Etc.		4. State/Country of Formation <b>North Carolina</b> 5. Date Organized or Qualified To Do Business in Florida <b>1/11/08</b> 6. FEI Number <b>26-1720789</b> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
City <b>Tallahassee,</b>		E-mail Address: <b>700207331617</b> <b>05/09/11--01003--005 **377.50</b> <b>juli.evans@jdhcapital.com</b> (To be used for future annual report notices)	
State <b>FL</b>		Zip Code <b>32301</b>	
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  <b>Janet Budhu, Asst. Vice President</b> Date <b>5/2/11</b> 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	<b>Gary J. Davies</b>	<b>3735-B Beam Road</b>	<b>Charlotte, NC 28217</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 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  Date <b>5/2/11</b> Daytime Phone # <b>704-496-7100</b> Typed or printed name of signing Managing Member/Manager <b>Gary J. Davies</b>			

FILED

11 MAY -9 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

REINSTATEMENT

B 10/11  
5/9/11