2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# M08000005451

Entity Name: POST HYDE PARK, LLC

Current Principal Place of Business:

C/O POST APARTMENT HOMES, L.P.
4401 NORTHSIDE PARKWAY, SUITE 800
ATLANTA, GA 30327

New Principal Place of Business:

Current Mailing Address:

C/O POST APARTMENT HOMES, L.P.
4401 NORTHSIDE PARKWAY, SUITE 800
ATLANTA, GA 30327

New Mailing Address:

FEI Number: 90-0431553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AMY PURDY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: POST APARTMENT HOMES, L.P.
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHERRY W. COHEN EVP 10/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date