

Fax Server

10/18/2010 1:15:54 PM

PAGE

2/004

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Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 556-1515

RESUBMIT

Please give original
submission date on file date.

10/15/10

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
GRANITE FLAGLER VILLAGE GP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$238.75

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SECRETARY OF STATE
DIVISION OF CORPORATION

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Electronic Filing Menu

Corporate Filing Menu

Help

342698-5

Fax Server

10/18/2010 1:15:54 PM PAGE

1/004

Fax Server

850-617-6381

10/18/2010 8:48:08 AM PAGE

1/001

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October 18, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

, NJ 07932

SUBJECT: GRANITE FLAGLER VILLAGE GP LLC
REF: M09000004396

RESUBMIT
Please give original
submission date as file date

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H10000226402
Letter Number: 110A00024501

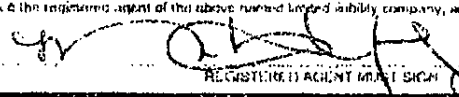
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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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DIVISION OF CORPORATION

10 OCT 15 AM 8:51

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # M09000004396 1. Limited Liability Company's Name											
Granite Flagler Village GP LLC											
2. Principal Office Address - No P.O. Box 300 Campus Drive State, Apt. #, etc. 3rd Floor City & State Florham Park, NJ Zip Country 07932 U.S.A.		3. Mailing Office Address 300 Campus Drive State, Apt. #, etc. 3rd Floor City & State Florham Park, NJ Zip Country 07932 U.S.A.									
		4. State of Formation DE 5. Date Organized or Qualified To Do Business in Florida November 6, 2009 6. FEI Number 27-0891616 ☐ Applicable for Not Applicable 7. CERTIFICATE OF STATUS IN EFFECT ☐ \$500.00 (Minimum) 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 State, Apt. #, etc. City: Tallahassee State: FL Zip Code: 32301											
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 888, F.S. Signature of Registered Agent:  Matthew Young Asst. V. Pres. DATE: 10-15-10 REGISTERED AGENT MUST SIGN											
10. Names and Street Addresses of Managing Members/Managers <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Managing Member/Manager</th> <th>Street Address of Each Managing Member/Manager</th> <th>City/State/Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>BlackRock Granite Property Fund, L.P.</td> <td>300 Campus Drive, 3rd Floor</td> <td>Florham Park, NJ 07932</td> </tr> </tbody> </table>				Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip	MGRM	BlackRock Granite Property Fund, L.P.	300 Campus Drive, 3rd Floor	Florham Park, NJ 07932
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip								
MGRM	BlackRock Granite Property Fund, L.P.	300 Campus Drive, 3rd Floor	Florham Park, NJ 07932								
REINSTATEMENT 10											
11. E-mail Address: BlackRock@BlackRock.com (To be used for future annual report notifications)											
12. I certify that I am managing member/manager of the relative or holder empowered to execute this application as provided for in Chapter 888, F.S. I further certify that even though the reinstatement application the reasons for dissolution have been eliminated. The limited liability company name satisfies the requirements of section 888.06 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 the signature shall have the same legal effect as if made under oath. Signature of Managing Member/Manager: _____ Date: 10/14/2010 Daytime Phone #: 973-264-2700 Typed or printed name of signing Managing Member/Manager: _____											

*next page signatures

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10/18/2010 1:15:54 PM PAGE

4/004

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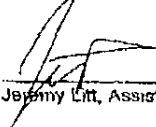
Signature Page
to
Florida Department of State
Secretary of State
Division of Corporations
Limited Liability Company Reinstatement
for
Granite Flagler Village GP LLC

Granite Flagler Village GP, LLC
a Delaware limited liability company

By: BlackRock Granite Property Fund, L.P.,
a Delaware limited partnership,
its Sole Member

By: BlackRock Granite Property Fund, LLC,
a Delaware limited liability company,
its General Partner

By: BlackRock Granite Property Fund, Inc.,
a Maryland corporation,
its Sole Member

By: 
Jeremy Litt, Assistant Secretary