PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000268865490
01/28/15--01016--007 **516.25

DOCUMENT

1. Limited Liability Company's Name
M10000002725

TRT NOIP SW 80 - Plantation LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
518 17th Street Suite 1700	518 17th Street Suite 1700
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Denver, CO	City & State: Denver, CO
Zip: 80202 Country: USA	Zip: 80202 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

FILED
JAN 28 AM 3 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Heidi M. Liesch Assistant Secretary Date: 1-27-2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	TRT NOIP Fixed Real Estate Holdco LLC	518 17th Street Suite 1700	Denver CO 80202

REINSTATEMENT
2013-2015

11. E-mail Address: bkramer@blackcreekcapital.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 1-27-2015 Daytime Phone #: 303-689-4600

Typed or printed name of signing Authorized Representative/Manager: Sarah Wadsworth

FL110 - 01/28/2014 Wolters Kluwer Online

JAN 28 2015