

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M10000003251

1. Limited Liability Company's Name

BR Osprey Acquisition LLC

2. Principal Office Address - No P.O. Box #

400 Howard St., 2nd Fl.

Suite, Apt. #, etc.

City & State

San Francisco, CA

Zip

94105

Country

USA

3. Mailing Office Address

400 Howard St., 2nd Fl.

Suite, Apt. #, etc.

City & State

San Francisco, CA

Zip

94105

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida  
July 23, 2010

6. FEI Number

27-3009109

☒ 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

Corporation Service Company

Street Address (F.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**REINSTATEMENT**

2014

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

*[Signature]*

**Courtney Williams**  
**Asst. Vice President**

Date 10.03.14

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
Mbr	BlackRock Residential Opportunity Fund Operating Partnership, LP	400 Howard St., 2nd Fl.	San Francisco, CA 94105

11. E-mail Address itseng@blackrock.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 PLEASE SEE ATTACHED SIGNATURE PAGE Date 10/02/14

Daytime Phone # (415) 670-6219

Typed or printed name of signing Authorized Representative/Manager

OCT 3 - 2014

M. WILLIAMS

**SIGNATURE PAGE TO  
FLORIDA DEPARTMENT OF STATE  
LIMITED LIABILITY COMPANY REINSTATEMENT  
OF  
BR OSPREY ACQUISITION LLC**

BR Osprey Acquisition LLC,  
a Delaware limited liability company

By: BlackRock Residential Opportunity Fund Operating Partnership, L.P.,  
a Delaware limited partnership  
its Sole Member

By: BlackRock Residential Opportunity Fund GP LLC,  
a Delaware limited liability company,  
its General Partner

By: BlackRock Realty Advisors, Inc.,  
a Delaware corporation,  
its Sole Member

By:   
Robert Weiss, Secretary



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 324041 7171451

AUTHORIZATION :

COST LIMIT : \$ 208.75

ORDER DATE : October 2, 2014

ORDER TIME : 10:10 AM

ORDER NO. : 324041-005

CUSTOMER NO: 7171451

REINSTATEMENT

NAME: BR OSPREY ACQUISITION LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
14 OCT -3 AM 10:52