PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M13000005037

1. Limited Liability Company's Name
MCRT FUND I MANAGER, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2001 Bryan Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 3275	
City & State	City & State
Dallas, TX	
Zip / Country	Zip / Country
75201 / USA	

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
8/12/2013

6. FEI Number
27-2868228 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required if you request Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T Corporation System Inc

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

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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 Connie Bryan Connie Bryan Date 10/6/2014
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	Mill Creek Residential Trust LLC	2001 Bryan Street, Suite 3275	Dallas, TX 75201

11. E-mail Address: ryan.nelson@wolterskluwer.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 605.0112, 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 Rachel Kucera Date 10/2/14 Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager _____

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
MCRT FUND I MANAGER, LLC

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