

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000001**

Schooner Bay I L.L.C.

~~100 N. Tampa Suite 4100~~

~~Tampa FL 33602~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

Three Greenway Plaza

Suite, Apt. #, etc.

Suite 1300

City & State

Houston, Texas

Zip

77046

Country

USA

2a. Mailing Address

Three Greenway Plaza

Suite, Apt. #, etc.

Suite 1300

City & State

Houston, Texas

Zip

77046

Country

USA

1a. Principal Place of Business Address

STATE OF FLORIDA

~~100 N. Tampa~~

~~Suite 4100~~

~~Tampa FL 33602~~

3. Date Organized or Qualified

12/28/1995

3a. State of Formation

DE

4. FEI Number

75-2626041

☐ Applied For

☐ Not Applicable

5. Date of Last Report

05/01/1997

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

CT Corporation

1200 South Pine Island Road

Plantation, FL 33324

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

9. I, being agent of the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Vicky Goldstein*

VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY

Date

3-13-00

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM Camden Operating L.P.

B94000000264

Three Greenway Plaza  
Suite 1300

Houston, TX 77046

500003242645--9  
-05/08/00--01097--001  
\*\*\*\*250.00 \*\*\*\*250.00

REINSTATEMENT

98-02  
du

I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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.

CAMDEN OPERATING, L.P.  
BY: CPT GB, INC. General Partner

Signature of

Managing Member/Manager

By:

*G. Steven Dawson*

Date

3-20-00

Daytime Phone # 713-354-2500

Typed or printed name of signing Managing Member/Manager G. Steven Dawson, Senior Vice President-Finance