

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 16 AM 11:59

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M96000000186

1. Limited Liability Company's Name
ALHAMBRA CIRCLE PROPERTIES, L.L.C.

400172217774
03/15/10--01052--023 **138.75

CR2E041 (11/09)

2. Principal Office Address - No P O Box # 1300 Arcola Avenue		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Silver Spring, MD		City & State	
Zip 20902	Country US	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 5/28/1996	
6. FEI Number 52-2975168	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Paul M. Bloomgarden, Esq.

Street Address (P.O. Box Number is Not Acceptable)
8551 W. Sunrise Blvd.

Suite, Apt. #, Etc.
Suite 208

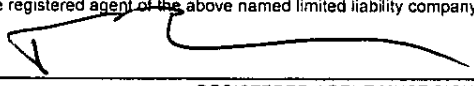
City
Ft. Lauderdale

State
FL

Zip Code
33322

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed 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  Date 3/4/10

REGISTERED AGENT MUST SIGN

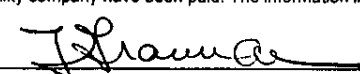
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Toby Grauman	1300 Arcola Avenue	Silver Spring, MD 20902

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

12. 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.

Signature of Managing Member/Manager  Date 3/9/10 Daytime Phone # (301) 649-3727

Typed or printed name of signing Managing Member/Manager Toby Grauman