PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 205.00

LIMITED LIABILITY COMPANY REINSTATEMENT

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

M97000000530

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 31 AM 9:01

DOCUMENT #

1. Limited Liability Company's Name: M97000000530

MTGRP, LLC

10/14/94

BK 5/31

2. Principal Office Address		3. Mailing Office Address	
85 BROAD STREET		85 BROAD STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
26TH FLOOR		26TH FLOOR	
City & State		City & State	
NEW YORK, NY		NEW YORK, NY	
Zip	Country	Zip	Country
10004	NYC	10004	NYC

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 8/20/97

6. FEI Number: 13-3952166 ☐ 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: TRAMMELL CROW REALTY SERVICE, INC. 100003280691--0

Street Address (P.O. Box Number is Not Acceptable): 225 WATER STREET, SUITE 2000 -05/08/00--01007--001 ***2202.50 ****5.00

Suite, Apt. #, Etc.: SUITE 2000

City: JACKSONVILLE | State: FL | Zip Code: 32202

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: Calvin D. MacDonald Sr. Property Mgr. Date: 5-3-00

REGISTERED AGENT MUST SIGN

CR2E041 (6/99)

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	MTGLQ INVESTORS, L.P.	85 BROAD STREET, 26TH FLOOR	NEW YORK, NY 10004
		REINSTATEMENT 1999-2000	
		BK COLS	

11. 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: Gene Smith Date: Daytime Phone # 727-825-8809

Typed or printed name of signing Managing Member/Manager: GENE SMITH