

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
M98000000189			
DOCUMENT # M98000000189			
1. Limited Liability Company's Name Blackacre Eden Roc, LLC			
2. Principal Office Address 450 Park Avenue Suite, Apt. #, etc. 29th Floor City & State New York, New York Zip 10022 Country		3. Mailing Office Address 450 Park Avenue Suite, Apt. #, etc. 29th Floor City & State New York, New York Zip 10022 Country	
4. State/Country of Formation DE		5. Date Organized or Qualified To Do Business in Florida 12/16/97	
6. FEI Number 13-3998328		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 Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301			
9. I, being appointed 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 BRIAN COURTNEY, ASST. V.P. Date 11/22/2000 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 MEM Blackacre Capital Partners, LP 450 Park Avenue, 29th Floor New York, New York 10022			
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 Date 11/16/00 Daytime Phone # Typed or printed name of signing Managing Member/Manager			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2000

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