PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 19 PM 11:02

DOCUMENT # M98000000307

1. Limited Liability Company's Name

CP GENERAL PARTNER, LLC

2. Principal Office Address	**3.** Mailing Office Address
580 W. GERMANTOWN PIKE	580 W. GERMANTOWN PIKE
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: SUITE 200
City & State: PLYMOUTH MEETING, PA	City & State: PLYMOUTH MEETING, PA
Zip: 19462 Country: USA	Zip: 19462 Country: USA

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 3-30-1998

6. FEI Number: APPLIED FOR — [X] 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: CT CORPORATIONS SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

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-11/07/00--01056--018
****150.00 ****150.00

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: Mary Alice Rogers — MARY ALICE ROGERS, Assistant Vice President — Date: 10/18/00

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
	MONTGOMERY CV REALTY, L.P.	580 W. GERMANTOWN PK. SUITE 200	PLYMOUTH MEETING, PA 19462

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: Louis P. Meshon — Date: 10/17/00 — Daytime Phone #: 610-825-7100

Typed or printed name of signing Managing Member/Manager: LOUIS P. MESHON, SR.