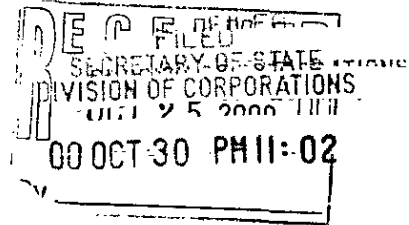


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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



DOCUMENT # M99000000749

1. Limited Liability Company's Name

142 Biscayne Associates, L.L.C.

2. Principal Office Address

One IBM Plaza

Suite, Apt. #, etc.

2630

City & State

Chicago, IL

Zip

60611

Country

US

3. Mailing Office Address

One IBM Plaza

Suite, Apt. #, etc.

2630

City & State

Chicago, IL

Zip

60611

Country

US

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

5/18/99

6. FEI Number

36-4293519

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

[Signature]

Date

10/17/00

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
MGRM	142nd Street Associates, L.P.	One IBM Plaza # 2630	Chicago, IL 60611
MGRM	IRP 142 Biscayne Special Member, L.L.C.	676 N. Michigan Avenue # 3350	Chicago, IL 60611

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

[Signature]

Date

10.17.00

Daytime Phone #

312 263 3800

Typed or printed name of signing Managing Member/Manager

Kirsten Barrow, Sec. of 142nd Street Corp. G.P. of

142nd Street Associates
L.P.

CR2E041 (9/00)