

M9900001266

LIMITED LIABILITY COMPANY REINSTATEMENT



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

02 AUG -2 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M9900001266

1. Limited Liability Company's Name  
WHCB-B GEN-PAR, L.L.C.

500006905995--9  
-08/06/02--01003--030  
\*\*\*1025.00 \*\*\*\*205.00

2. Principal Office Address

10 HANOVER SQUARE

Suite, Apt. #, etc.

20TH FLOOR

City & State

NEW YORK, NY

Zip

10005

Country

USA

3. Mailing Office Address

10 HANOVER SQUARE

Suite, Apt.# etc.

20TH FLOOR

City & State

NEW YORK, NY

Zip

10005

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified To Do Business in Florida

8/11/99

6. FEI Number

752831720

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 CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

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 Cornel B. Ryan

Date 6/24/2002

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	ROTHENBERG, STUART M	85 BROAD STREET	NEW YORK, NY 10005
MGR	NEIDICH, DANIEL M	85 BROAD STREET	NEW YORK, NY 10005
MGR	ROSENBERG, RALPH F	85 BROAD STREET	NEW YORK, NY 10005
			ff \$205.00
			REINSTATEMENT 01-02
			OUS

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 it made under oath.

Signature of Managing Member/Manager [Signature]

Date 6/24/2002

Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager Susan L. Slack: Authorized Representative of a Member

CT CORPORATION

FILED

02 AUG -2 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHCB-B Gen-Par, L.L.C.

\_\_\_\_\_  
\_\_\_\_\_

02 AUG -2 AM 11:59  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal <input checked="" type="checkbox"/> Reinstatement	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration <input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Change of RA <input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name	8/2/02	Order#: 5515571
Availability _____		
Document		
Examiner _____		Ref#: _____
Updater _____		
Verifier _____		
W.P. Verifier _____		Amount: \$ _____

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615