

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

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 DIVISION OF CORPORATIONS
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DOCUMENT # M99000000749

1. Limited Liability Company's Name

142 Biscayne Associates, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address

One IBM Plaza

Suite, Apt. #, etc.

2630

City & State

Chicago, IL

Zip Country

60611 US

3. Mailing Office Address

One IBM Plaza

Suite, Apt. #, etc.

2630

City & State

Chicago, IL

Zip Country

60611 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 Zip Code

FL 32301-2525

000003453450-7

11/09/00-01096-023

****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

J.P. [Signature]

REGISTERED AGENT MUST SIGN

Date 1/16/00

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
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

Kristen Barrow [Signature]

Date 10.17.00 Daytime Phone # 312 263 3800

Typed or printed name of signing Managing Member/Manager Kristen Barrow, Sec. of 142nd Street Corp. G.P. of

142nd Street Associates L.P.

CR2E041 (9/00)