


M0300000227

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 SEP 26 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M0300000227**

1. Limited Liability Company's Name  
**S.B. Residential Clearlake Associates LLC**

BK

000058963010

2. Principal Office Address  
**825 Third Avenue**  
Suite, Apt. #, etc.  
**36th Floor**  
City & State  
**New York, New York**  
Zip  
**10022**

Country  
**USA**

3. Mailing Office Address  
**same**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. State/Country of Formation  
**Delaware**

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number  
**54-2094464**

Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Accepted)  
**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 606, F.S.

Signature of Registered Agent *Laura R. Dunlap* **Laura R. Dunlap** Date **9/26/05**  
REGISTERED AGENT MUST SIGN as its agent

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Man. Mem.	<b>Southeast Residential II Associates LLC</b>	<b>825 Third Avenue, 36th Floor</b>	<b>New York, New York 10022</b>

**REINSTATEMENT 2005**  
BK

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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 *Jeffrey Hertz* Date **9/26/05** Daytime Phone # **212 224 5639**

Typed or printed name of signing Managing Member/Manager **Jeffrey Hertz, V.P. of Gen. Part. of Managing Member**

0926110528



M03000000227

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 617395 4348715  
AUTHORIZATION : Patricia Pigute  
COST LIMIT : \$ 155.00

FILED  
05 SEP 26 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : September 26, 2005  
ORDER TIME : 2:59 PM  
ORDER NO. : 617395-010  
CUSTOMER NO: 4348715  
CUSTOMER: Wayne M. Lopkin, Esq.  
Wayne M. Lopkin Llc  
Suite 1007  
52 Vanderbilt Avenue  
New York, NY 10017

REINSTATEMENT

NAME: S.E. RESIDENTIAL CLEARLAKE ASSOCIATES LLC

REMOVED  
05 SEP 26 PM 4:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS \_\_\_\_\_