Telephone Number <u>20</u>

LIMITED PARTNERSHIP

SIGNATURE

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

Katherine Harris



REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	14 OCT 18 PM 3: 11		
DOCUMENT # 1. Name of Limited Partnership AO 20000 1199	S TA	ECRITARY OF STATE LLAHASSEE, FLORIDA 10004193 10/18/04-01071-0	9251 nº 5107 m	
Banyan Inve	stment Goup LT) 100 100 0 0 1011 0	nr *~3001.30 ;	
2. Principal Office Address 422 Cleavan dave Suite, Apt. #, etc.	3. Mailing Office Address 427 Jersey St Suite, Apt. #, etc.	4. Date Formed or Registered To Do Business in Florida 5. FEI Number	Ag 2,3 2002 Applied For Not Applicable	
·	Zip Country	7a. Capital Contributions as shown on the contribution of the cont	lor a Certificate of Status	
8. Name and Address of Current Registered Agent		,	7b. Amount of Capital Contributions in FLORIDA to date:	
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Miami State Zip Code FL 33/31		FEE 1.) Filing Fee(s): Computed at a rate of in 7b, with a minimum filing fee of \$5 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 7b is 7a, a supplemental affidavit must be	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning	
9. Pursuant to the provisions of sections 620.1051 and 620.1 for the purpose of changing its registered office or register agent. I am familiar with, and accept the obligations of sec	92, Florida Statutes, the above-named limited partnersh red agent, or both, in the State of Florida. Such change v	ip organized or registered under the laws of the State was authorized by its general partner(s). I hereby acc	of Florida, submits this statement cept the appointment of registered	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number	
Banyan Group GP, LLC	avenue	Harrison, NJ 07029	21793	
Note: General partners MAY NOT b	pe change tien in storm; an amo	1603-2004 endment must be filed to chan	ge a general partner.	
11. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or				
on this annual report is true and accurate and that my s trustee empowered to execute this report as required b	ignature shall have the same legal effects as if made un y chapter 620, Figrida Statutes.	nger oath. I further certify that I am a General Partner	or the limited partnership, receiver or	