

2008 LIMITED PARTNERSHIP REINSTATEMENT

FILED

OCT 15 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A25151**

1. Entity Name  
**KOFFLER ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business: **ONE PROVIDENCE WASHINGTON PL., NINTH FLOOR PROVIDENCE, RI 02903**

Mailing Address: **ONE PROVIDENCE WASHINGTON PL., NINTH FLOOR PROVIDENCE, RI 02903**

2. Principal Place of Business - No P.O. Box #: **10 Memorial Blvd.**

3. Mailing Address: **10 Memorial Blvd.**

Suite, Apt. #, etc.: **Suite 901**

City & State: **Providence, RI**

Zip: **02903** Country:



10032008 REIN-LP CR2E100 (1/07)

4. FEI Number: **05-0426869** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$500.00  
After January 1, 2009, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	<b>10/10/08 -- 01022 -- 009 **500.00</b>
NAME	<b>KOFFLER, LILLIAN TRUSTEE</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>4920 LORING DRIVE #1517</b>		
CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33417</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>BORNSTEIN, SANDRA K TRUSTEE</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>4920 LORING DRIVE #1517</b>		
CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33417</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>BORNSTEIN, RICHARD J TRUSTEE</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>4920 LORING DRIVE #1517</b>		
CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33417</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>PASTER, BENJAMIN G TRUSTEE</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>4920 LORING DRIVE #1517</b>		
CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33417</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>KOFFLER, LILLIAN INDVLD.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>4920 LORING DRIVE #1517</b>		
CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33417</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>BORNSTEIN, RICHARD INDVLD.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>2 SOANS CURVE DRIVE</b>		
CITY - ST - ZIP	<b>PALM BEACH, FL</b>		

**REINSTATEMENT**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **Richard J. Bornstein** Date: **10-6-08**

401-273-8600