			and the		
PLEASE READ ALL I	PI (ÎCT)	NS BY FO	orty Co	PLET IG	THIS FORM.

**PARTNERSHIP** REINSTATEMENT

PARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DO	CI	IN	IF۱	JT	#

1. Name of Limited Partnership

A25583

Liberty Associates III L.P. Ltd

Hing Office Addre Lesley Be upt.#, etc. The Relat		4- Date Formed or Registered To Do Business in Florida 12/10/1987  5- FEI Number Applied For Not Applicable Not Applicable		
The Relat	ted Companies, I	133442942 Not Applicable		
Madison F	Avenue, NY,NY	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements of Status 78. Capital Contributions as shown on Record:		
2 Registered Ager	Country US	100.00  7b. Amount of Cepitel Contributions in FLORIDA to date:		
State	Zip Code	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 asch year due this office.  2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.  3.) Pensity Fee(s): \$500 pensity fee for <u>each year report form is delinquent hote:</u> if the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		
Re	State	US siglistered Agent  State Zip Code		

Laura R. Dunlap as its agent DATE

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

<u> </u>				
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
		, d.		
Relate	ed Credit Properties L.P.	625 Madison Avenue	NY, NY 10022	A29972
Libert	cy GP III, Inc.	625 Madison Avenue	NY, NY 10022	F93000001330
			المنتقي يتحص ينسي ينسين ينستن	La

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

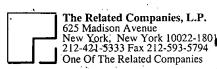
11.	I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I release the Division of
	Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event 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
	trustee empowered to execute this report as required by chapter 620, Florida Statutes.

**SIGNATURE** 

Alan P. Hirmes Typed or Printed Name of General Partner Signing Form

DATE 10/26/01

212 421-5333 Telephone Number



A25583

November 6<sup>th</sup>, 2001

Department of State Division of Corporations POB 6327 Tallahassee, FL 32314

Re: Florida Reinstatements Filing

To whom it may concern:

During my phone conversation with a customer service representative, I was informed that the state may waive the late fees, if I include a letter with the reinstatements explaining that I never received the original annual reports because of an error in the companies' address. Therefore, enclosed are the Limited Partnership's and Corporation's Reinstatements.

If you have any questions, please feel free to contact me at the above number.

Siricerely/yours.

Leslev Benjamin, Esq.

