

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 31 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B06000000289

1. Name of Limited Partnership

JEFFERSON 2ND AVE LP

07

2. Principal Office Address - No P.O. Box #
600 E LAS COLINAS BLVD

3. Mailing Office Address
PO BOX 619091

Suite, Apt. #, etc.
1800

Suite, Apt. #, etc.

City & State
IRVING

City & State
DALLAS

Zip
75039

Country
USA

Zip
75261-9091

Country
USA

CR2E039 (1/07)

4. Date Formed or Registered To Do Business in Florida 7/19/2006

5. FEI Number
20-4964345

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 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

PSK

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301-2525

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.
Supplemental Fee(s): \$88.75 for each year due this office.
Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

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

SIGNATURE (Registered Agent Accepting Appointment)

Sue G. Knight
(REGISTERED AGENT MUST SIGN)

Sue G. Knight
as its agent

DATE 10-2-08

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
JEFFERSON 2ND AVENUE HOLDING GP, LLC	600 E LAS COLINAS BLVD SUITE #1800	IRVING, TEXAS 75230	M06000004010
			300137526443

REINSTATEMENT 2007-2008

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

Thomas F. Kavanagh

DATE 10/29/08

Typed or Printed Name of General Partner Signing Form

Thomas F. Kavanagh
Vice President

Telephone Number

CSC.

B06000000289

CORPORATION SERVICE COMPANY

RECEIVED
08 OCT 31 PM 1:44

ACCOUNT NO. : 072100000032

REFERENCE : 771155

AUTHORIZATION :

COST LIMIT : \$2000.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
4363097

[Handwritten signature]

1000.00

ORDER DATE : October 27, 2008

ORDER TIME : 11:25 AM

ORDER NO. : 771155-005

CUSTOMER NO: 4363097

REINSTATEMENT FILING

NAME: JEFFERSON 2ND AVENUE, L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

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TALLAHASSEE, FLORIDA

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS:

BK