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W12-33326

J. BRYAN

JUN 25 2012

EXAMINER

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 238910 4311473

AUTHORIZATION :

COST LIMIT : $ 1061.25

ORDER DATE : June 13, 2012

ORDER TIME : 9:47 AM

ORDER NO. : 238910-005

CUSTOMER NO: 4311473

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: 9000 CENTRE ASSOCIATES

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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TALLAHASSEE, FLORIDA

June 14, 2012

RESUBMIT
Please give original submission date as file date.

CSC
SUSIE KNIGHT
TALLAHASSEE, FL

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12 JUN 21 AM 10:52
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TALLAHASSEE, FLORIDA

SUBJECT: 9000 CENTRE ASSOCIATES LIMITED PARTNERSHIP
Ref. Number: W12000032326

We have received your document for 9000 CENTRE ASSOCIATES LIMITED PARTNERSHIP and the authorization to debit your account in the amount of $1061.25. However, the document has not been filed and is being returned for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 812A00016692

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. 9000 Centre Associates Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. New Jersey
State or Country of Formation

3. March 29, 1985
Date of Formation

4. **Federal Employer Identification Number:** 061059621

5. **Name of Registered Agent for Service of Process and Florida Street Address:**

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.* Corporation Service Company

By: Sue A. Knight
Signature of Registered Agent

Sue G. Knight
Assistant Vice President

7. **Principal Office:**

c/o ~~Cronin & Vris~~ VINSON + ELKINS, LLP

~~380 Madison Avenue~~ 666 FIFTH AVE., 26 FLOOR

New York, NY ~~10017~~ 10103-6640

8. **Mailing Address:**

c/o Cronin & Vris VINSON + ELKINS

~~380 Madison Avenue~~ 666 FIFTH AVE., 26 FLOOR

~~New York, NY 10017~~ NY, NY 10103-0040

9. **If limited partnership is a limited liability limited partnership,** check box ☐

10. **Name, principal office address, and mailing address of each general partner:**

Name of General Partner: 9000 Centre Management Corp #F12000002563

Street Address: 666 Fifth Avenue, 6th Floor
New York, NY 10103

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:_____ Name of General Partner:_____

Street Address: _____ Street Address: _____

_____ _____

Mailing Address:_____ Mailing Address:_____

_____ _____

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TALLAHASSEE, FLORIDA

11. Effective date, if other than the date of filing:_____.
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 12th day of June ,20 12 .

_____
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	**$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING

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TALLAHASSEE, FLORIDA

9000 CENTRE ASSOCIATES

0600003639

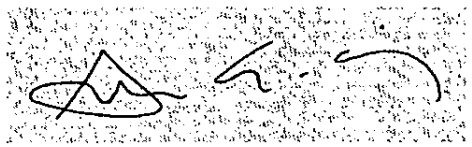
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Limited Partnership was registered by this office on March 29, 1985.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Corporation Service Company
830 Bear Tavern Road
West Trenton, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of June, 2012



Andrew P Sidamon-Eristoff
State Treasurer

Certification# 125165783

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp