B95000000110

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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

L. SELLERS
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LP/LLLP REINSTATEMENT

COCONUT GROVE PT LIMITED PARTNERSHIP

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/07)

DOCUMENT # B95000000110

1. Name of Limited Partnership

Coconut Grove PT Limited Partnership

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3003 Summer Street	3003 SUMMER STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stamford, CT	City & State: STAMFORD, CT
Zip: 06905 Country: US	Zip: 06905 Country: US

4. Date Formed or Registered To Do Business in Florida: 03/22/1995

5. FEI Number: 06-1419010 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

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☑ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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.

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

9. Pursuant to the provisions of section 620.1047 or 620.1905, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) ______ (REGISTERED AGENT MUST SIGN) DATE ______

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
Coconut Grove PT Hotel, LLC	3003 Summer Street	Stamford, CT 06905	M09000001224

REINSTATEMENT 0709

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 its compliance with Chapter 119, F.S. in the event that the information supplied or obtained [illegible] 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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership, [illegible] empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 7/8/09

Typed or Printed Name of General Partner Signing Form ______ Telephone Number ______