

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 11 PM 3:05

DOCUMENT # **896000000379**

1. Name of Limited Partnership
CENTERLINE/ABC XXXV, L.P.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address
154 W. HUBBARD
Suite, Apt. #, etc. **250**
City & State **CHICAGO IL**
Zip **60610** Country **USA**

3. Principal Office Address
154 W. HUBBARD ST.
Suite, Apt. #, etc. **250**
City & State **CHICAGO IL**
Zip **60610** Country **USA**

4. Date Formed or Registered To Do Business in Florida **9-26-96**
5. FEI Number **65-071108**
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. State or Country of Formation **IL**

8a. Capital Contributions as Shown on Record **250,000.00**
8b. Amount of Capital Contributions in FLORIDA to date

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
COVER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE
19th FLOOR
MIAMI, FL 33133

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip Code **MIAMI**

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
ABC XXXV CORP	154 W HUBBARD	CHICAGO IL 60610	F96000004331 700002521107--2 -05/13/88--01004--007 *****88.75 *****88.75
CENTERLINE/DOJR ASSOCIATES	5025 N.W. 115th TERR.	CORAL SPRINGS FL 3307	GP9600000586 700002521107--2 -05/13/88--01004--008 *****437.50 *****437.50

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 **Robert Ross** DATE **4-23-98**
Typed or Printed Name of General Partner Signing Form **ROBERT ROSS ON BEHALF OF ABC XXXV CORP** Telephone Number **32-464-0100**

CR2E039 (12/97)