PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JUN 12 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100076253111
06/16/06--01016--014 **1500.00

CR2E039 (11/05)

DOCUMENT # A93000001344

1. Name of Limited Partnership

BISCAYNE APARTMENTS ASSOCIATES, LTD.

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2. Principal Office Address		**3.** Mailing Office Address	
315 S. BISCAYNE BLVD.		315 S. BISCAYNE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
3rd Floor,		3rd Floor,	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33131	U.S.A	33131	U.S.A

4. Date Formed or Registered To Do Business In Florida 12/14/1993

5. FEI Number 650405981 ☐ 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: Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road #221E

Suite, Apt. #, Etc.:

City: Palm Beach Gardens | State: FL | Zip Code: 33410

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

9. Pursuant to the provisions of section 620.1810 or 620.1909, 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) Maria Areiza (REGISTERED AGENT MUST SIGN) DATE June 8, 2006

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
Related GMN Biscayne, Ltd.	315 S. Biscayne Blvd., 3rd Floor	Miami, FL 33131	A 93000001343

REINSTATEMENT 2004-2006

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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 Maria Areiza DATE June 8, 2006

Typed or Printed Name of General Partner Signing Form: Angel Hernandez, by: Maria Areiza As Attorney-in-fact Telephone Number: 305-672-0686