

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A15114

1. Name of Limited Partnership

Lewiston Properties Limited Partnership

2. Principal Office Address - No P.O. Box #
c/o Morgan Stanley

3. Mailing Office Address
c/o Morgan Stanley

Suite, Apt. #, etc.
195 Broadway, 18th Floor

Suite, Apt. #, etc.
195 Broadway, 18th Floor

City & State
New York, NY

City & State
New York, NY

Zip
10007

Country
USA

Zip
10007

Country
USA

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 620.1810 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)

(REGISTERED AGENT MUST SIGN)

Harry B. Davis
Asst. Vice President

DATE 3/25/08

**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
Liberty Street Associates, L.P.	c/o Morgan Stanley, 195 Broadway, 18th Floor	New York, NY	A15148
REINSTATEMENT 2001-2008			

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 effect 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

Russell Carkhuff

DATE

3/19/08

Typed or Printed Name of General Partner Signing Form

Russell Carkhuff, Vice President of Liberty Street Associates, Inc.

Telephone Number

917-790-5703

General Partner of Liberty Street Associates, L.P., its General Partner

FILED

08 MAR 25 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000121220400

CR2E039 (1/07)



CORPORATION SERVICE COMPANY

A15114

ACCOUNT NO. : 072100000032

REFERENCE : 495306 4304756

AUTHORIZATION :

COST LIMIT : \$ 4008.75

Donald Coleman

ORDER DATE : March 20, 2008

ORDER TIME : 9:29 AM

ORDER NO. : 495306-005

CUSTOMER NO: 4304756

PK

RECEIVED
08 MAR 25 AM 11:07
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: LEWISTON PROPERTIES LIMITED
PARTNERSHIP

FILE
III

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS _____

By
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08 MAR 25 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA