

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A15148

1. Name of Limited Partnership

Liberty Street Associates, L.P.

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

CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida 08/22/1983

5. FEI Number
133139587

Applied For:
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required
for a Certificate of Status

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

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certificate of authority was revoked on our records, except in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.

9. Pursuant to the provisions of section 620.1810 or 620.1809, 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, Inc.	c/o Morgan Stanley, 195 Broadway, 18th Floor	New York, NY	F95000000924

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 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

Russell Carkhuff

Russell Carkhuff

DATE

3/14/08

Typed or Printed Name of General Partner Signing Form

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

Telephone Number

917-790-5703

Is General Partner



CORPORATION SERVICE COMPANY

A15148

ACCOUNT NO. : 072100000032

REFERENCE : 495306 4304756

AUTHORIZATION :

COST LIMIT : \$ 4008.75

FILED
08 MAR 25 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 20, 2008

ORDER TIME : 9:30 AM

ORDER NO. : 495306-010

CUSTOMER NO: 4304756

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

REINSTATEMENT

NAME: LIBERTY STREET ASSOCIATES,
L.P.

FILE
II

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 _____

BK