

PLEASE READ ALL INSTRUCTIONS, BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 25 AM 11:51

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Name of Limited Partnership

*A04496*  
*Kimco University Company LTD*  
*3333 New Hyde Park Rd*  
*New Hyde Park NY 11042*

2. Principal Office Address

*3333 New Hyde Park Rd*

Suite, Apt. #, etc.

*#100*

City & State

*New Hyde Park NY*

Zip

*11042*

Country

*USA*

3. Mailing Office Address

*3333 New Hyde Park Rd*

Suite, Apt. #, etc.

*#100*

City & State

*New Hyde Park NY*

Zip

*11042*

Country

*USA*

**8. Name and Address of Current Registered Agent**

Name

*CT Corporation*

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

*1200 S. Pine Island Rd*

Suite, Apt. #, Etc.

City

*Plantation*

State

*FL*

Zip Code

*33324*

9. 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, or its general partner's appointee or assignee, or its agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**REINSTATEMENT 1996-05**

CR2039 (Rev. 9/95)

**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
<i>Kimco Corporation</i>	<i>3333 New Hyde Park Rd</i>	<i>New Hyde Park, New York 11042</i>	<i>819977</i>
			<i>800049892188 04/05/05--01027-015 **10271.25</i>

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

*[Signature]*

DATE

*3/4/05*

Typed or Printed Name of General Partner Signing Form

*Michael Shindler on behalf of*

Telephone Number

*516-869-2006*

*Kimco Corporation*