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**Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 351-2122

LP/LLP REINSTATEMENT

SAVOY HOTEL PARTNERS I, LTD.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$2,008.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A05000000978

1. Entity Name
SAVOY HOTEL PARTNERS I, LTD.



Principal Place of Business
**455 OCEAN DRIVE
MIAMI BEACH, FL 33139 US**

Mailing Address
**C/O KOC
201 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33139 US**



2. Principal Place of Business - No P.O. Box #
455 OCEAN DRIVE

Suite, Apt. #, etc.
Suite, Apt. #, etc.

02172009 REIN-LP CR2E(00) (1/07)

City & State
MIAMI BEACH, FL

4. FEI Number
87-0772980

Applied For
Not Applicable

Zip Country
33139 US

6. Certificate of Status Desired **OR** **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33139**

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd., Suite 250

City
PL

State
FL

Zip Code
33134

8. Pursuant to the provisions of section 620.1210 or 620.1205, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE *[Signature]* **2-17-09** DATE

FILE NOW!! FEE IS \$2000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P08000071026**

NAME **SAVOY CORPORATE MANAGEMENT, INC.**

STREET ADDRESS **455 OCEAN DRIVE**

CITY-ST-ZIP **MIAMI BEACH, FL 33139**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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NAME **REINSTATEMENT**

STREET ADDRESS **08/09**

CITY-ST-ZIP **AL**

STREET ADDRESS

CITY-ST-ZIP

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *[Signature]* **2/17/09** DATE

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