APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

A05258

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY -5 PM 2:01

DOCUMENT # A05258

4/10/98

1. Name of Limited Partnership
Woodgate Manor Associates, Ltd.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
625 Madison Avenue
Suite, Apt. #, etc.
City & State
New York, NY
Zip 10022 Country US

3. Principal Office Address
625 Madison Avenue
Suite, Apt. #, etc.
City & State
New York, NY
Zip 10022 Country USA

4. Date Formed or Registered To Do Business in Florida 10/11/1976

5. FEI Number 22-2143903 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. State or Country of Formation FLORIDA

8a. Capital Contributions as Shown on Record
550,000.00

8b. Amount of Capital Contributions in FLORIDA to date
550,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $103.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Ben H. Lyons
c/o Related Services Corp.
8211 W Broward Blvd Ste 350
Plantation, Fl. 33324 US

10. If changed, new registered agent/office

Name Ct Corporation System
Street Address (P.O. Box Number is Not Acceptable) ~~1200 South Pine Island Road~~
Suite, Apt. #, etc.
City Plantation FL Zip Code 33324

10a. 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(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY DATE 5/5/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Stephen M. Ross	625 Madison Avenue, NY, NY10022		
The Related Companies,	Inc. 625 Madison Ave, NY, NY 10022		8488954

900002871019--3
-05/11/99--01040--024
***2052.50 ***2052.50

PENALTY 1,000.00
AR 875.00
ARSUM 177.50
$ 2,052 50

REINSTATEMENT 1998-1999

BK

CR2E039 (1/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 4/27/99

Typed or Printed Name of General Partner Signing Form The Related Companies, INC. Telephone Number 212-421-5333