

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 28 PM 5:00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # A06870

1. Name of Limited Partnership
ALHAMBRA ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
2 Eaton Street

3. Principal Office Address
2 Eaton Street

4. Date Formed or Registered
To Do Business in Florida **10/18/1978**

Suite, Apt. #, etc.
Suite 1100

Suite, Apt. #, etc.
Suite 1100

5. FEI Number
23-2079712

Applied For
Not Applicable

City & State
Hampton, Virginia

City & State
Hampton, Virginia

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional fee required for a Certificate of Status

Zip
23669

Country
N/A

Zip
23669

Country
N/A

7. State or Country of Formation **Florida**

8a. Capital Contributions as Shown on Record
\$1,200,000

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): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report term 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.

8b. Amount of Capital Contributions in FLORIDA to date
\$1,200,000

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

**CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
300002930323--4
Suite, Apt. #, etc.
-07/13/99--01060--007
City
*****3087.50 ***3087.50
FL**

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) _____ DATE _____

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
SGRA, Inc.	200 South Broad Street 3rd Floor	Philadelphia, PA 19102	588195
Great Atlantic Properties Corporation	2 Eaton Street Suite 1100	Hampton, VA 23669	588688

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 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 BY: DATE **6/10/99**
GREAT ATLANTIC PROPERTIES CORPORATION
Aubrey L. Layne, Jr., Vice President Telephone Number **757-896-3428**

CR2E039 (1/2/98)