

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 25 AM 10:18

DOCUMENT # A07000001051

1. Name of Limited Partnership

Sawgrass Limited Partnership NO.1, L.P.

2. Principal Office Address - No P.O. Box #
4700 Millenia Blvd.

3. Mailing Office Address
600 E. 96th St.

Suite, Apt. #, etc.
Suite 380

Suite, Apt. #, etc.
Suite 100

City & State
Orlando FL

City & State
Indianapolis IN

Zip Country
32839 USA

Zip Country
46240 USA

CR2E039 (1/07)

4. Date Formed or Registered To Do Business in Florida 09/06/2007

5. FEI Number Applied For Not Applicable

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

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

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A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 620.1908, 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)

Kimberly Breunling
Kimberly Breunling
Assistant Secretary

DATE 2/18/2010

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
Duke Realty Limited Partnership	600 E. 96th St., Suite 100	Indianapolis, IN 46240	B99000000219

300170579663
02/25/10--01042--017 **1500.00

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

Ann C. Dee

DATE 2/18/10

Ann C. Dee, Senior Vice President

Telephone Number 847.232.5408

Typed or Printed Name of General Partner Signing Form

REINSTATEMENT 2008-2010

T. Hampton FEB 26 2010