

Typed or Printed Name of General Partner Signing Form

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT	FLOR	IDA DEPARTMENT OF Secretary of State DIVISION OF CORPORATION			T TO STORY TO STORY
DOCUMENT # A0 1. Name of Limited Partnership	9989				The Parties of the Pa
FOREST PAR	RK SOU		UU9	n V	A 1:29
2. Principal Office Address - No P.O. Box 1201 Third Ave		3. Mailing Office Address 1201 Third Ave		CR2E039	9 (1/11)
Suite, Apt. #, etc. Suite 5400		Suite, Apt. #, etc. Suite 5400		Date Formed or Registered 1 1 To Do Business in Florida 1 1	/27/1981
City & State Seattle, WA		Seattle, WA		^{5.} 9 ⁵ 1 [№] 1774761	Applied For Not Applicable
98101 Country USA	³ / ₉ 810	01 ŰSA		6. CERTIFICATE OF STATUS DESIRED	SR 75 Additional Fan sequises
8. Name and	Address of Current R	Registered Agent	, "	7. FEES:	
				Filing Fee(s): \$411.25 for each ye	ear due this office.
MRAI SERVICES, INC.			Supplemental Fee(s): \$88.75 for each year due this office.		
Steph Stees Park AVENUE				Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.	
Suite, Apt. #, Etc.					
Suite, Apt. #, Etc.		•		E-mail Ac	ldrose:
		Žin Code		E-mail Ac	
GTALLAHASSEE		FL 32301		laurak@secprop.com	
GTYALLAHASSEE 9. Pursuant to the provisions of section 620.	1810 or 620.1909, Florida		intment of registe	laurak@secprop.com E-Mail address to be used for agent. I am familiar with, and accept the	n future annual report notices.
TALLAHASSEE	I Mil		Miche Asst	laurak@secprop.com E-Mail address to be used for the agent. I am familiar with, and accept the le Holden,	n future annual report notices.
9. Pursuant to the provisions of section 620.1	THAT IS A CO	Statutes, I hearby accept the appo	Miche Asst Must sign) TED PAR	laurak@secprop.com E-Mail address to be used for red agent. I am familiar with, and accept the ele Holden, Secretary DATE 1 TNERSHIP OR OTHER	or future annual report notices. ne obligations of Chapter 620, 1 / 0 4 / 2 0 1 1
GHALLAHASSEE 9. Pursuant to the provisions of section 620.1 Florida Statutes. SIGNATURE (Registered Agent Accepting Appoi	THAT IS A CO MUST BE RE	Statutes. I hearby (scept the apportunity of the composition of the composition) of the composition of the c	Miche Asst Must sign) TED PAR	laurak@secprop.com E-Mail address to be used for red agent. I am familiar with, and accept the ele Holden, Secretary DATE 1 TNERSHIP OR OTHER	or future annual report notices. ne obligations of Chapter 620, 1 / 0 4 / 2 0 1 1
9. Pursuant to the provisions of section 620.1 Florida Statutes. SIGNATURE (Registered Agent Accepting Appoil A GENERAL PARTNER	THAT IS A CO	Statutes, I hearby accept the apportunity of the provided Registered AGENT ORPORATION, LIMITEGISTERED AND ACCORDANCE BOX Numbers) 1 3RD AVE., SUIT	Miche Asst Must sign) TED PAR CTIVE WI	laurak@secprop.com E-Mail address to be used for red agent. I am familiar with, and accept the le Holden, Secretary DATE 1 TNERSHIP OR OTHER TH THIS OFFICE.	or future annual report notices. The obligations of Chapter 620, The obligations of Chapter 620, The obligations of Chapter 620, The obligation of Chapter
GHALLAHASSEE 9. Pursuant to the provisions of section 620.1 Florida Statutes. SIGNATURE (Registered Agent Accepting Appoil A GENERAL PARTNER 10. Name(s) of General Partner(s) SECURITY PROPERTIE	THAT IS A COMUST BE RE	Statutes, I hearby accept the apportunity of the provided Registered AGENT ORPORATION, LIMITEGISTERED AND ACCORDANCE BOX Numbers) 1 3RD AVE., SUIT	Miche Asst MUST SIGN) TED PAR CTIVE WI	laurak@secprop.com E-Mail address to be used for red agent. I am familiar with, and accept the le Holden, Secretary DATE 1 TNERSHIP OR OTHER TH THIS OFFICE. City, State and Zip Code	or future annual report notices. 1 / 0 4 / 2 0 1 1 BUSINESS ENTITY 10a. Registration Document Number
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DATE 11/2/2011

Telephone Number 206-622-9900