PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETIC THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		TE	04 007 28 PM 2: 59 SECRETARY 3			
DOCUMENT # A11862  1. Name of Limited Partnership  West Kennedy Apartments, Ltd.					SECRETARY OF STATE TALLAHASSEE FLORIDA			
75					1 >1			
2. Principal Office Addre	ess	3. Mailing Office Address			4. Date Formed or Registered 12/31/81			
11 Twinbrook Ro	i	75 Kingsland Avenue			10 Do business at Florida			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number         Applied For           22-2408119         Not Applicable			
City & State		City & State			CERTIFICATE OF STATUS DESIRED S8.75 Additionar Fire required for a Certificate of Status			
W. Caldwell, NJ		Clifton, NJ			, <del></del>			
Zip	Country	Zip Country			78. Capital Contributions as shown on Record: 925,000.00			
07006	USA	07014 USA			7b. Amount of Capital Contributions in FLORIDA to date:			
8. Name and Address of Current Registered Agent					925,000.00			
Name					FEE			
A.G.C. Co. Street Address (P.O. Box Number is Not Acceptable)					1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for <u>each year due</u> this office.  2) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.  3) Penalty Fee(s): \$500 penalty fee for <u>each year report form is definational.</u> Note: If the amount entered in 7b is greater than amount entered in			
200 S. Orange Ave.								
Suite, Apt. #, Etc.								
Ste. 2300								
City		State Zip Code			7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
Orlando FL 32801								_
for the purpose of char	ins of sections 620,1051 and 620 iging its registered office or regist in, and accept the obligations of si	tered apent, or both, in the Stat	te of Florida. Such chance	nip organ was audi	ized or registered under the laws of the State torized by its general partner(s). I hereby acc	of Florida, submit cept the appointment	is this statement ant of registered	CRZE039 (10/02)
SIGNATURE (Registered Agent Accepting Appointment)					OATE DATE			
	PARTNER THAT I				RTNERSHIP OR OTHER	BUSINES		O
10. Name(s) of General Partner(s)		Address of Eac	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number		
RJ&S Associates		11 Twinbrook Rd.		W.	Caldwell, NJ 07006	GP980000	00787	
reinsi	ATEMEN	1993	-2004	<u> </u>	<b>60004</b> 2 11/01/040100	3607 9015	756 **13341.2	25
				- <del>-</del> - a	<b>50004</b> 2 11/01/040100			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
on this annual report	ny nadility of non-compliance with	Section 119.07(3)(i) in the ever signature shall have the same	int that the information supp legal effects as it made un	Died is d	otion stated in Section 119.07(3)(i), Florida St borned exempt from public access. I further that I further certify that I am a General Partner of	certify that the info	rmation indicated	
SIGNATURE Melant m						24 04	1	
Typed or Printed Name of General Partner Signing Form Helma Fried, managing member								