FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAY -6 PM 4:39

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400259909144
05/06/14--01002--019 **1000.00

CR2E039 (1/11)

DOCUMENT # A13999

1. Name of Limited Partnership
HICKORY PLACE APARTMENTS, LTD.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
590 W Kennedy Blvd	590 W Kennedy Blvd
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
City & State Lakewood, NJ	City & State Lakewood, NJ
Zip 08701 Country USA	Zip 08701 Country USA

4. Date Formed or Registered To Do Business in Florida 08/11/1983

5. FEI Number 59-2248498 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee FL Zip Code: 32301

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.

E-mail Address:
rweiss@elanmgmt.com
E-mail address to be used for future annual report notice.

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) [REGISTERED AGENT MUST SIGN] Jill E. Cilmi, AVP DATE 04/30/2014

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
Empirian Lexford GP New 15 LLC	590 W Kennedy Blvd, 2nd Floor	Lakewood, NJ 08701	M07000003701

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 exemption 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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership (or other entity) authorized to execute this report as required by chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE [signature] DATE 4/29/2014

Typed or Printed Name of General Partner Signing Form: EMPIRIAN LEXFORD GP NEW 15 LLC Telephone Number 516 506 4583

BY: MAX MOFESORSKE, AUTHORIZED SIGNATORY

RG 5/12/14