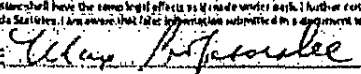


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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	
DOCUMENT # A13999 1. Name of Limited Partnership HICKORY PLACE APARTMENTS, LTD.			
2. Principal Office Address - No P.O. Box # 590 W Kennedy Blvd Suite, Apt. #, etc. 2nd Floor City & State Lakewood, NJ Zip 08701 Country USA		3. Mailing Office Address 590 W Kennedy Blvd Suite, Apt. #, etc. 2nd Floor City & State Lakewood, NJ Zip 08701 Country USA	
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		4. Date Formed or Registered To Do Business in Florida 02/11/1983 5. Filing Number 59-2248498 6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Individual Fee required for a Certificate of Status 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 limited report notices.	
9. Pursuant to the provisions of section 620.1810 or 620.1815, 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)  Jill E. Cilma, AVP DATE 04/30/2014 (REGISTERED AGENT MUST SIGN)			
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) Emprilan Lexford GP New LLC		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 590 W Kennedy Blvd, 2nd Floor City, State and Zip Code Lakewood, NJ 08701	
		10a. Registration Document Number M07000002701	
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 reported with this filing is voluntarily furnished and does not qualify for exemption contained in Chapter 119, Florida Statutes, unless the Division of Corporations has 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 filing 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 seeking or trustee empowered 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. 317.115, F.S.			
SIGNATURE 		DATE 4/29/2014 Printed Name of General Partner Signing Form EMPRILAN LEXFORD GP NEW LLC Telephone Number 576 506 4583	

BY: MAX PROFESORSKE, AUTHORIZED SIGNATORY

RG 5/12/14