

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT 2000-2001



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED 01 MAR 13 PM 3:08

Handwritten: 3/13

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # A16373

1. Name of Limited Partnership

Beaux Gardens Associates, Ltd.

2. Principal Office Address c/o The Related Companies, L.P.

Suite, Apt. #, etc. 625 Madison Avenue

City & State NY, NY

Zip Country 10022 New York

3. Mailing Office Address L.P. c/o The Related Companies,

Suite, Apt. #, etc. 625 Madison Avenue

City & State NY, NY

Zip Country 10022 New York

4. Date Formed or Registered To Do Business in Florida 2/3/1984

5. FEI Number 133209294 Applied For Not Applicable

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

7a. Capital Contributions as shown on Record: 2,250,000

7b. Amount of Capital Contributions in FLORIDA to date: 0

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 State Zip Code Tallahassee FL 32301

FEES:

- 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 each year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

BRIAN COURTNEY, ASST. V.P.

DATE

Handwritten: 2/28/02

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Table with 4 columns: 10. Name(s) of General Partner(s), Address of Each General Partner, City, State and Zip Code, 10a. Registration Document Number. Row 1: Norman Tandy, 7782 Tennyson Court, Boca Raton, Florida 33433, 000003881860--6. Includes 'REINSTATEMENT 2000-2001' stamp.

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Handwritten signature of Norman Tandy

DATE

Handwritten: 2/23/01

Typed or Printed Name of General Partner Signing Form

Handwritten: NORMAN TANDY

Telephone Number

Handwritten: 561-394-2120

CR2E038 (11/99)

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01 MAR 13 PM 3:08

ACCOUNT NO. : 072100000032 SECRETARY OF STATE TALLAHASSEE FLORIDA

REFERENCE : 060707 4321791

AUTHORIZATION : *Patricia Pizits*

COST LIMIT : \$ ~~200~~ 2052.50

ORDER DATE : February 28, 2001

ORDER TIME : 4:0 PM

ORDER NO. : 060707-015

CUSTOMER NO: 4321791

CUSTOMER: Ms. Lesley V. Benjamin
The Related Companies, Inc.
625 Madison Avenue, 9th Floor
New York, NY 10022

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DOMESTIC FILINGS

NAME: BEAUX GARDENS ASSOCIATES, LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: On Hold -- See Rep
EXAMINER'S INITIALS _____

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