

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
13 JUN 28 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A18616

1. Name of Limited Partnership

Crystal Street Associates Limited Partnership

2. Principal Office Address - No P.O. Box #

21 Apple Tree Trail

Suite, Apt. #, etc.

3. Mailing Office Address

21 Apple Tree Trail

Suite, Apt. #, etc.

City & State

Westport, CT

City & State

Westport, CT

Zip

06880

Country

USA

Zip

06880

Country

USA

8. Name and Address of Current Registered Agent

Name

Abraham M. Mora, Esq. c/o Kaye Scholer LLP

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

777 S. Flagler Drive

Suite, Apt. #, Etc.

West Tower, Suite 900

City

West Palm Beach

FL

Zip Code

33401

REINSTATEMENT

CR2E039 (10/11)

06-13

4. Date Formed or Registered To Do Business in Florida

12/21/84

5. Filing Number

56-2507310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional 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:

abraham.mora@kayescholer.com

E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1810 or 620.1809, 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)

Abraham M. Mora
(REGISTERED AGENT MUST SIGN)

DATE 6/26/2013

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
Crystal Street LLC	21 Apple Tree Trail	Westport, CT 06880	L12000016777
<p>200249355362 06/28/13--01012--012 **\$8000.00</p> <p>JUL - 3 2013 S. TONER</p>			

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 exemptions 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 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. 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

Linda Feld

DATE 6/26/2013

Typed or Printed Name of General Partner Signing Form

LINDA FELD, as Managing Member of

Telephone Number 203-227-0213

Crystal Street, LLC