


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|---|--|---|------------------------------|---|--|
| LIMITED PARTNERSHIP REINSTATEMENT  | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED AUG 17 AM 8:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # A19659 | | | | | |
| 1. Name of Limited Partnership STAR CREEK ASSOCIATES, LTD | | | | | |
| 2. Principal Office Address C/O THE RELATED COMPANIES, LI | | 3. Mailing Office Address SAME | | 4. Date Formed or Registered To Do Business in Florida 04/08/1985 | |
| Suite, Apt. #, etc. 625 MADISON AVE, LEGAL DEPT | | Suite, Apt. #, etc. | | 5. FEI Number 133311637 | |
| City & State NY, NY | | City & State | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| Zip 10022 | | Country NY | | 7a. Capital Contributions as shown on Record: 1,647,844 | |
| 8. Name and Address of Current Registered Agent | | | | | |
| Name CORPORATE SERVICE COMPANY | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET | | | | | |
| Suite, Apt. #, Etc. | | | | | |
| City TALLAHASSEE | | State FL | | Zip Code 32301-8585 | |
| 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) | | | DATE | | |
| 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) THE RELATED COMPANIES OF FLOR. | | Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2828 CORAL WAY, PH1 | | City, State and Zip Code MIAMI, FL 20000 | |
| Adm - 1000.00 A/R 105.00 ARSUPH 177.50 <hr/> 1282.50 | | REINSTATEMENT 2000-2001 BR | | 10a. Registration Document Number 617998 4540812-5 BK | |
| 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 | | | DATE | | |
| Stephen M. Ross | | | 7/31/01 | | |
| Typed or Printed Name of General Partner Signing Form | | | Telephone Number 912/41-5333 | | |

1,282.50

CR2E039 (9/00)



A19659

ACCOUNT NO. : 072100000032

REFERENCE : 430778 4321791

AUTHORIZATION :

COST LIMIT : \$ 1282.50

FILED
01 AUG 17 AM 8:54
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : August 17, 2001

ORDER TIME : 2:56 PM

ORDER NO. : 430778-005

CUSTOMER NO: 4321791

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

New York, NY 10022

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 AUG 17 PM 3:52

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DOMESTIC FILINGS

BK

NAME: STAR CREEK ASSOCIATES, LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight EXT: 1156
EXAMINER'S INITIALS _____