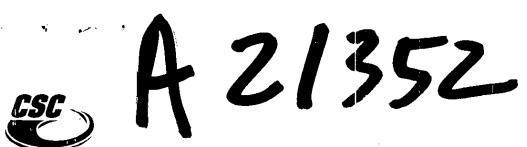
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. KTE/ LIMITED **PARTNERSHIP** 01 NAY 18 PM 1: 03 REINSTATEMENT 7000-2001 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A21352 1. Name of Limited Partnership SILVER BLUE LAKE APTS, LTD. 2. Principal Office Address c/o_The Related Companies, L 625 Madison Avenue 3. Mailing Office Address 4. Date Formed or Registered To Do Business in Florida 625 Madison Avenue 2/01/88 5. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 592750743 Not Applicable \$8.75 Additional Fee required City & State City & State CERTIFICATE OF STATUS DESIRED for a Certificate of Status New York. New York 7a. Capital Contributions as sh Žip 10022 Country Zip Country New York 10022 New York 7b. Amount of Capital Contributions in FLORIDA to date: 8. Name and Address of Current Registered Agent Name FEÉS: 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, Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) for each year due this office. <u>1201 Hays Street</u> Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. Suite, Apt. #, Etc. 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 Citv State Zip Code 7a, a supplemental affidavit must be submitted along with a separate Tallahassee FL 32301 and appropriate filing fee. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above in med limited partnership organized or registered under the laws of the State of Florida, submits this statement for the curpose 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 lamiliar with, and accept the obligations of section 620.192, Florida Marties. as its exact BRIAN COURTNEY, ASST. V. PATE SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE Address of Each Gineral Partner (Do NOT Use Post Office Box Numbers) Registration 10. Name(s) of General Partner(s) City. State and Zip Code Document Number $_{617998}$ \sim The Related Companies 2828 Coral Way Miami, Fl. 33145 of Florida, Inc. Penthouse Suite ADM - 1,000.W AR 105.00 -RSUPP 177.50 40<u>0</u>0003831864 MRSUPP RENSTATEMENT 2000-200 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 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)(f) 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 legs reflects 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 ISIGNATURE_

Typed or Printed Name of General Partner Signing Form

(305)

460-9900



ACCOUNT NO. : 072100000032

REFERENCE: 152845 4321791

AUTHORIZATION :

COST LIMIT :

ORDER DATE: May 16, 2001

ORDER TIME : 2:31 PM

ORDER NO. : 152845-005

CUSTOMER NO: 4321791

CUSTOMER: Ms. Kailah Spencer

The Related Companies, Inc. 625 Madison Avenue, 9th Floor

New York, NY 10022

DOMESTIC FILINGS

NAME: SILVER BLUE LAKE APTS, LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS

B& 3/18