

A22612/31

3,856.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

05 JAN 31 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # A22612
1. Name of Limited Partnership
Home Depot Plaza Associates
Limited Partnership
RJK

800045798868
02/01/05--01027--004 **3005.00
800045798868
02/01/05--01027--005 **3005.00

2. Principal Office Address
645 Madison Ave
Suite, Apt. #, etc.
19th Floor
City & State
New York NY
Zip Country
10022 USA

3. Mailing Office Address
645 Madison Avenue
Suite, Apt. #, etc.
19th Fl
City & State
New York NY
Zip Country
10022 USA

4. Date Formed or Registered To Do Business in Florida
5/23/86
5. FEI Number
13-3359777
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:
100.00

7b. Amount of Capital Contributions in FLORIDA to date:
100.00

8. Name and Address of Current Registered Agent
Name
United Corporate Services
Street Address (P.O. Box Number is Not Acceptable)
4200 South Macdelland Blvd.
Suite, Apt. #, Etc.
Suite 508
City
Miami
State
FL
Zip Code
33156

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 620.1061 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 1-5-05

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
Robert Tennenhaus	645 Madison Ave 19th Floor	New York NY 10022	
Joseph Daly	645 Madison Ave 5th Floor	New York NY 10022	
Paul R. Slayton	2345 Jericho Ave	Garden City NY 11040	

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)(f), 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 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 1/05/05
Typed or Printed Name of General Partner Signing Form Robert Tennenhaus Telephone Number 0127515626