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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN -9 PM 2:18

2001

LIMITED PARTNERSHIP REINSTATEMENT

UBR

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

DOCUMENT #A23747

1. Name of Limited Partnership

Cimberlgate Apartments, Ltd

2. Principal Office Address	3. Mailing Office Address
Two N Riverside	Same
Suite Apt #, etc: 400 - attn: L Currie	Suite, Apt. #, etc.
City & State: Chicago IL	City & State
Zip: 60606 Country: USA	Zip Country

4. Date Formed or Registered To Do Business in Florida

5. FEI Number: 36-4387523 ☐ 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: 13,365

7b. Amount of Capital Contributions in FLORIDA to date: 13,365

8. Name and Address of Current Registered Agent

Name: Lexis Document Services Inc.

Street Address (P.O. Box Number is Not Acceptable): 3953 W W Kelley Rd.

Suite Apt. #, Etc:

City: Tallahassee State: FL Zip Code: 32311

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 (about 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 620.193, 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): C. Woodyard, as agent for Lexis Document DATE: 12-19-01

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
ERP Operating Limited Partnership	Two N. Riverside	Chicago IL 60606	B93-305
ERP-URS Cimberlgate, Inc.	Two N Riverside	Chicago, IL 60606	F00-3726
No reinst. fee or late fee due to clerical error on the part of this office	Originally rec'd 12/20/01 - Ltr	100004733011--2	
		FF	$189.31

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: Lisa Currie DATE: 11/19/01

Type or Printed Name of General Partner Signing Form: Lisa Currie Telephone Number: 312-474-1300

ERP Operating Limited Partnership
By: Equity Residential Properties Trust, its GP

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: (Sub Account) 20 31249-1

DATE: 1-9-02

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (_____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: Ambergate Apartments, Ltd.

DOCUMENT NUMBER: _____
(if applicable) 900004763579--3

AUTHORIZATION: Cynthia L. Woodyard

___ CERTIFIED COPY (1-9)
___ CERTIFICATE OF STATUS (1-9)
2 PLAIN STAMPED COPY

( ) Call When Ready ( ) Call if Problem ( ) After 4:30
( ) Walk In ( ) Will Wait ( ) Pick Up
( ) Mail Out