PLEASE READ ALL INSTITUCTIONS BETOF LIMITED FLORIDA LEPARTMENT OF STA Katherine Harris Secretary of State Division of corporations					MPLED OI DEC 21 PM 3: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # A Z4023 1. Name of Limited Partnership Summit Insured Equity, L.P., Limited Partnership							
2. Principal Office Address		3. Mailing Office Address			4. Date Formed or Registered		
ATTN: Lesley Benjamin Suite, Apt. #. 45 The Lelates, 625 Madison Avenue, City & State		ATTN: Lesley Benjamin Suite, Apt # 66 The Klafel 625 Madison Avenue L. p City & State		ies	To Do Business in Florida 12/31/86		
New York, NY		625 Madison Avenue			79 Control Contributions on the control		
Zip .	Country	Zip	Country		7a. Capital Contributions as shown to \$10,005,875.00	in Record:	/
10022	USA	10022	USA		7b. Amount of Capital Contributions	in FLORIDA to da	te:
8. Name and Address of Current Registered Agent					7e(0		
Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City State Zip Code Tallahassee FL 32301				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.			
Pursuant to the provisions of sections 620.1051 and 620.192, Fiorida Statutes, the above-named limited perforable 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 perfner(s). I hereby accept the appointment of registered agent, a manufacture of the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general perfner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. Deport Deport Part Par							
10. Name(s) of Ger	neral Partner(s)	Address of Each (Do NOT Use Post O			City, State and Zip Code		egistration ament Number
		1 .	C/O The Related Companies, L.P.		York, NY	в9700000	518
Partnership, L.P.		625 Madison Avenue					
TH	HIS IS THE 200	1 UNIFORM BU	FORM BUSINESS REPOR		80000 <u>-</u> 12/2 *****	#739 6/010 141.25	1885 106300 *****141.25
Note: General p	artners MAY NOT b	e changed on thi	s form; an am	endm	ent must be filed to chan	ge a genera	al partner.

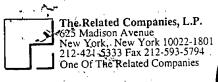
SIGNATURE

Typed or Printed Name of General Partner Signing Form

Man P. Hirmes

DATE 10/26/01

Telephone Number 212 421 5333





FILED (2)

November 6th, 2001

Department of State Division of Corporations POB 6327 Tallahassee, FL 32314 O1 DEC 21 PM 3: 37
SECRETARY OF-STATE
TABLAHASSEE, FLORIDA

Re: Florida Reinstatements Filing

To whom it may concern:

During my phone conversation with a customer service representative, I was informed that the state may waive the late fees, if I include a letter with the reinstatements explaining that I never received the original annual reports because of an error in the companies' address. Therefore, enclosed are the Limited Partnership's and Corporation's Reinstatements.

If you have any questions, please feel free to contact me at the above number.

Siricerely/yours,

Lesley Benjamin, Esc

TILED

1 DEC 21 PN 3: 2,
ECRETARY OF STATE