

2008 LIMITED PARTNERSHIP REINSTATEMENT

FILED

OCT 15 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A25151

1. Entity Name
KOFFLER ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business: ONE PROVIDENCE WASHINGTON PL., NINTH FLOOR PROVIDENCE, RI 02903
Mailing Address: ONE PROVIDENCE WASHINGTON PL., NINTH FLOOR PROVIDENCE, RI 02903

2. Principal Place of Business - No P.O. Box #: 10 Memorial Blvd.
3. Mailing Address: 10 Memorial Blvd.

Suite, Apt. #, etc.: Suite 901
Suite, Apt. #, etc.: Suite 901

City & State: Providence, RI
City & State: Providence, RI

Zip: 02903 Country: [Blank]
Zip: 02903 Country: [Blank]

10032008 REIN-LP CR2E100 (1/07)

4. FEI Number: 05-0426869
Applied For: [Blank] Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] FL Zip Code: [Blank]

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$500.00
After January 1, 2009, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	KOFFLER, LILLIAN TRUSTEE	STREET ADDRESS	10/10/08 -- 01022 -- 009 **500.00
NAME	4920 LORING DRIVE #1517	CITY - ST - ZIP	
STREET ADDRESS	WEST PALM BEACH, FL 33417		
CITY - ST - ZIP			
DOCUMENT #	BORNSTEIN, SANDRA K TRUSTEE	STREET ADDRESS	
NAME	4920 LORING DRIVE #1517	CITY - ST - ZIP	
STREET ADDRESS	WEST PALM BEACH, FL 33417		
CITY - ST - ZIP			
DOCUMENT #	BORNSTEIN, RICHARD J TRUSTEE	STREET ADDRESS	
NAME	4920 LORING DRIVE #1517	CITY - ST - ZIP	
STREET ADDRESS	WEST PALM BEACH, FL 33417		
CITY - ST - ZIP			
DOCUMENT #	PASTER, BENJAMIN G TRUSTEE	STREET ADDRESS	
NAME	4920 LORING DRIVE #1517	CITY - ST - ZIP	
STREET ADDRESS	WEST PALM BEACH, FL 33417		
CITY - ST - ZIP			
DOCUMENT #	KOFFLER, LILLIAN INDVLD.	STREET ADDRESS	
NAME	4920 LORING DRIVE #1517	CITY - ST - ZIP	
STREET ADDRESS	WEST PALM BEACH, FL 33417		
CITY - ST - ZIP			
DOCUMENT #	BORNSTEIN, RICHARD INDVLD.	STREET ADDRESS	
NAME	2 SOANS CURVE DRIVE	CITY - ST - ZIP	
STREET ADDRESS	PALM BEACH, FL		
CITY - ST - ZIP			

REINSTATEMENT *08*

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Richard J. Bornstein* Richard J. Bornstein 10-6-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

401-273-8600