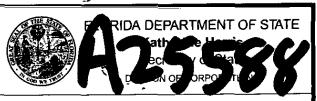
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## LIMITED PARTNERSHIP REINSTATEMENT



FILÉD SECRETARY OF SHATE DIVISION OF CORPORATIONS

00 APR -3 AMII: 03

## **DOCUMENT#**

1. Name of Limited Partnership

A25588

3. Mailing Office Address 2. Principal Office Address 4. Date Formed or Registered To Do Business in Florida 12/23/87 225 Millburn Avenue Applied For 5. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applicable 22<del>-2863246</del> Suite 202 6. \$8.75 Additional Fee required Dity & State -City & State -CERTIFICATE OF STATUS DESIRED for a Certificate of Status Millburn, New Jersey 7a. Capital Contributions as shown on Record: Country Country \$100.00 07041 USA 7b. Amount of Capital Contributions in FLORIDA to date: 8. Name and Address of Current Registered Agent \$100.00 Name FEES: Norman R. Berson

Street Address (P.O. Box Number is Not Acceptable)
The Savoy, 4041 Gulf Shore Boulevard N

Lehigh Shopping Center Associates, Ltd.

The Savoy, 4041 Guil Shore Boulevard N

Suite, Apt. #, Etc. Unit 401

10.

City Naples State Zip Code 33940

Address of Each General Partner

(Do NOT Use Post Office Box Numbers)

225 Millburn Avenue

 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.

 Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> 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 620.1051 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 (Registere	d Agent Accepting	Appointment) _
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Name(s) of General Partner(s)

DATE

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Marc E. Berson

PENALTY - 1000-00

AR 105-00

Millburn, New Jersey

City, State and Zip Code

70003206907--5 -04/13/00--01037--001 \*\*\*1282.50 \*\*\*1282.50

10a.

REINSTATEMENT 1999-2

1177-2000

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 at required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_

Typed or Printed Name of General Partner Signing Form

\_\_\_ Telephone Number

3/22/00\_\_\_\_

R2E039 (11/9

Registration

Document Number