

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

A25588

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 AM 11:03

DOCUMENT #

A25588

1. Name of Limited Partnership

Lehigh Shopping Center Associates, Ltd.

4/16/99

2. Principal Office Address

225 Millburn Avenue

Suite, Apt. #, etc.

Suite 202

City & State

Millburn, New Jersey

Zip

07041

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Norman R. Berson

Street Address (P.O. Box Number is Not Acceptable)

The Savoy, 4041 Gulf Shore Boulevard N

Suite, Apt. #, Etc.

Unit 401

City

Naples

State

FL

Zip Code

33940

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 (Registered Agent Accepting Appointment)

DATE

**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
Marc E. Berson	225 Millburn Avenue	Millburn, New Jersey 07041	700003206907--5 -04/13/00--01037--001 ***1282.50 ***1282.50
PENALTY - 1000.00 AR 105.00 Assess 177.50 \$1,282.50		REINSTATEMENT 1999-2000 (NYC)	

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

DATE 3/22/00

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (11/99)