PLEASE READ ALL INSTRUCT AS BEFORE COMPLETING THIS FORME						
LIMITED PARTNERSHIP REINSTATEMENT			FILED 2015 HAR - み P 3: 48			
DOCUMENT # ^{1.} Name of Limited Partnership 1070 High Ridge Road Limited Partnership				TECHETARY OF STATE		
2. Principal Office Address - No P.O. Box # 111 Summer St.	3. Mailing Office Address 1111Summer St.			000282 03/02/160102 crzeose) 10 **4000.00
Suite, Apt. #, etc. Suite 603	suite, Apt. #, etc. Suite 603			4. Date Formed or Registered To Do Business in Florida August 23, 1988		
City & State Stamford, CT	^{City & State} Stamford, CT			^{5.} FEI Number 65-0141291		Applied For Not Applicable
Zip 06905	^{Zp} 6905	Country		6. CERTIFICATE OF STATUS DESIRED		tional Fee required
8. Name and Address of Gurrent Registered Agent				7. FEES:		
™oraham Mora				Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office.		
Starel Address (R.O. Box Number is Not Acceptable) Phillips Point, East Tower				Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.		
Suite 1000			E-mail Address:			
West Palm Beach	FL 33401-6152			rkahn@unitedcre.com E-Mail address to be used for future annual report notices.		
9. Pursuant to the provisions of section 620,1810 or 620,1909, Florida Statutes, I hereby accept the appointment of registered spart. 1 am familiar with, and accept the obligations of Chapter 620, Florida Statutes.						
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 Eacl	h General Parinar		City, State and Zip Code		egistration
Linda B. Feld	(Do NOT Use Post Office Box Numbers) C/O Verrill Dana LLP			estport, CT 06880		züment Number
	33 Riverside Ave.					
Robert H. Kahn	111 f Summer Street Suite 603			amford, CT 06905		
)	2013-2014 DR		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
11. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not guality for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any tability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information and report is true and accurate and that my signature shall have the same legal effects as if made under outb. 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 Supervised Florida Supervised for in sale 7,155, F.S.						
SIGNATURE DATE 2-22-16						
Typed or Printed Name of General Partner Signing Form Roban H. Kahn Telephone Number						

BOYD & ASSOCIATES LLC ATTORNEYS AT LAW

February 29, 2016

Jennifer N. Boyd Admitted To Practice in Connecticut and New York

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: 1070 High Ridge Road Limited Partnership – Document No. A26937 Filing of Amendment and Reinstatement

Dear Madam or Sir:

The captioned partnership is seeking to be reinstated as a Florida LP. The individuals who were the general partners at the time of the most recent Annual Report filing are deceased, and new general partners have been elected. Enclosed are the following documents:

- 1. Letter dated February 26, 2016 explaining that the former general partners are deceased. This letter is included at the suggestion of the Registration Section.
- 2. Certificate of Amendment, with cover letter and check in the amount of \$105.00 for the filing fee and the cost of obtaining a certified copy. Note that the Registered Agent is the same individual who served before the limited partnership was dissolved, but because the entity was dissolved, the Registered Agent has signed the Certificate of Amendment for absence of doubt.
- 3. Certificate of Reinstatement, with check in the amount of \$4000 for the reinstatement fee.

Kindly advise the undersigned if there is any additional information or document required. Thank you.

Very truly yours,

Boyd & Associates LLC

Van

By:_____ Jennifer N. Boyd

226 West Norwalk Road, Norwalk, Connecticut 06850 Telephone: (203) 838-2288; Facsimile: (203) 838-1188 electronic mail: jboyd@BoydandAssociates.com