

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 OCT 20 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32301
10/21/09--01004--024 **2852.50
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09/24/09--01037--013 **2400.00
CR2E081 (12/08)

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A27046

1. Name of Limited Partnership

Clearwater Apartments I Limited Partnership

2. Principal Office Address - No P.O. Box #

1719 Rt 10 East

3. Mailing Office Address

1719 Rt 10 East

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

Suite 220

City & State

Parsippany NJ

City & State

Parsippany NJ

Zip

07054

Country

USA

Zip

07054

Country

USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. 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 (Registered Agent Accepting Appointment)

Heather Chapman

DATE

10-20-09

(REGISTERED AGENT MUST SIGN)

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)

KRA PT&L Manager LLC

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1719 Rt 10 East
Suite 220

City, State and Zip Code

Parsippany NJ
07054

10a. Registration Document Number

105000072914

REINSTATEMENT-06-09

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability 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 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

Joseph Kazarnovsky

DATE

10-2-09

Typed or Printed Name of General Partner Signing Form

Telephone Number

973-455-8882