PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 21 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A27404

1. Name of Limited Partnership
Cutler Canal II Associates, Ltd.

2. Principal Office Address	**3.** Mailing Office Address
2828 Coral Way	SAME
Suite, Apt. #, etc.: Penthouse Suite	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33145 / Country	Zip / Country

4. Date Formed or Registered To Do Business in Florida: 11/17/1988

5. FEI Number: 65-0083133 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: 5,196,024.00

7b. Amount of Capital Contributions in FLORIDA to date: 5,196,024.00

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: Tallahasse | State: FL | Zip Code: 32301

FEES:
1.) 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.
2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
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 (Registered Agent Accepting Appointment): Deborah D. Skipper | Deborah D. Skipper Asst. V. Pres. | DATE: 7/21/04

CR2E039 (10/02)

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
The Related Companies of Florida, Inc.	2828 Coral Way, Penthouse Suite	Miami, FL 33145	617998

700039470107

REINSTATEMENT 2000-2004

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: Matthew J. Allen | DATE: 7/19/2004

Typed or Printed Name of General Partner Signing Form: Matthew J. Allen, Vice President | Telephone Number: 305-460-4900

CORPORATION SERVICE COMPANY

A27404

ACCOUNT NO. : 072100000032

REFERENCE : 811658 4321791

AUTHORIZATION :

COST LIMIT : $ 5140.00

Patricia Fitzpatrick

ORDER DATE : July 20, 2004

ORDER TIME : 11:28 AM

ORDER NO. : 811658-010

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher
The Related Companies, Inc.
9th Floor
625 Madison Avenue
New York, NY 10022

FILED
04 JUL 21 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CUTLER CANAL II ASSOCIATES LTD.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire

EXAMINER'S INITIALS _____