A33005

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

**DOCUMENT # A33005**

1. Entity Name
FLORIDA TOWN PLACE LIMITED PARTNERSHIP

| Principal Place of Business | Mailing Address |
|---|---|
| C/O AEW CAPITAL MANAGEMENT, L.P.<br>WORLD TRADE CENTER EAST, TWO SEAPORT LANE<br>BOSTON, MA 02110 | C/O AEW CAPITAL MANAGEMENT, L.P.<br>WORLD TRADE CENTER EAST, TWO SEAPORT LANE<br>BOSTON, MA 02110 |

04202005 REIN-LP CR2E100 (8/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 04-3108849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Connie Bryan Special Asst. Sec. 4-21-05
Signature, typed or printed name of registered agent and title if applicable — DATE

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. |
|---|---|
| $6,152,850.00 | |

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | P38749 | STREET ADDRESS | |
| NAME | EASTRICH NO. 90 CORP. | CITY-ST-ZIP | |
| STREET ADDRESS | WORLD TRADE CENTER EAST, TWO SEAPORT LANE | | |
| CITY-ST-ZIP | BOSTON, MA 02110 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | 2004-2005 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: James J. Finnegan, Vice President of General Partner 4/20/2005 617-261-9000
EXECUTED AND TYPED OR PRINTED NAME OF ABOVE ORIGINAL PARTNER — Date — Daytime Phone #

A33005

# Florida Department of State
Division of Corporations
Public Access System

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# LIMITED PARTNERSHIP REINSTATEMENT

## FLORIDA TOWN PLACE LIMITED PARTNERSHIP

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|---|---|
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