A92000000178

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

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DIVISION OF CORPORATION

LP/LLLP REINSTATEMENT

WALDEN POND ASSOCIATES, LTD.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A92000000178

1. Entity Name
WALDEN POND ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
645 N.W. 62ND STREET, SUITE 300 MIAMI, FL 33131	645 N.W. 62ND STREET, SUITE 300 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
60 Columbus Circle	60 Columbus Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10023 Country:	Zip: 10023 Country:

06192006 REIN-LP CR2E100 (11/05)

4. FEI Number: 65-0400962 ☐ 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
GARDNER, CAROL 645 N.W. 62ND STREET, STE. 300 MIAMI, FL 33150	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee FL Zip Code: 32301-2525

8. 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: Troy Todd as its agent 6-22-06
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN) DATE

FILE NOW!!! FEE IS $2000.00

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 #	A93000001082	STREET ADDRESS	60 Columbus Circle
NAME	RT WALDEN ASSOCIATES, LTD.	CITY-ST-ZIP	New York, NY 10023
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE SUITE		
CITY-ST-ZIP	MIAMI, FL 33145		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	REINSTATEMENT 06 DD
NAME		CITY-ST-ZIP	
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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 exemptions contained in Chapter 119, 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: Mark Carbone 6/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #