

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State Division of Corporations	
<p><b>DOCUMENT #</b> <span style="font-size: 1.5em;">A9300000 1171</span></p> <p>1. Name of Limited Partnership <b>ZOM Metrowest II, Ltd.</b></p>		<p><b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b></p> <p><b>99 OCT -5 PM 3:38</b></p> <p>DO NOT WRITE IN THIS SPACE</p>	
<p>2. Mailing Address <b>3201 S. Tamarac Dr.</b> <b>200</b> <b>Denver, CO</b></p>		<p>3. Principal Office Address <b>7000 Central Pkwy</b> <b>Suite, Apt. #, etc.</b> <b>1500</b> <b>City &amp; State</b> <b>Atlanta, GA</b> <b>Zip</b> <b>30328</b> <b>Country</b> <b>USA</b></p>	
<p>4a. Capital Contributions as Shown on Record <b>7,450,000</b></p> <p>4b. Amount of Capital Contributions in FLORIDA to date <b>8,559,406</b></p>		<p>4. Date Formed or Registered To Do Business in Florida <b>11/12/93</b></p> <p>5. FEI Number <b>59-3204105</b></p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See Florida Statutes, Chapter 620, for requirements for certificate of status.</small></p> <p>7. State or Country of Formation <b>Florida</b></p>	
<p>9. Name and Address of Current Registered Agent <b>Robert Forlizzo, Esq</b> <b>13577 Feathersound Dr.</b> <b>Suite 300</b> <b>Clearwater, FL 34622</b></p>		<p>10. If changed, new registered agent/office</p> <p>Name <b>CT Corporation System</b></p> <p>Street Address (P.O. Box Number is not acceptable) <b>1200 South Pine Island Road</b></p> <p>Suite, Apt. #, etc.</p> <p>City <b>Plantation</b> <b>FL</b> <b>Zip Code</b> <b>33324</b></p>	
<p>10a. 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.</p> <p style="text-align: center;"><b>CONNIE BRYAN</b> <b>SPECIAL ASSISTANT SECRETARY</b> DATE <b>8/31/99</b></p> <p>SIGNATURE (Registered Agent Accepting Appointment) <i>Connie Bryan</i></p> <p style="text-align: center;"><b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b></p>			
<p>11. Name of General Partner(s) <b>SHLP Multifamily Management, LLC</b> <b>(fka RJP Multifamily Management, LLC)</b></p>		<p>Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>7000 Central Pkwy</b> <b>#1500</b> <b>Atlanta, GA 30328</b></p>	
<p>11a. Registration Document Number <b>M97000000242</b></p>		<p><b>900003013659--3</b> <b>-10/13/99--01045--001</b> <b>***2052.50 ***2052.50</b></p>	
<p><b>PENALTY 1,000.00</b> <b>AR 875.00</b> <b>ARSWP 177.50</b> <b>\$ 2,052.50</b></p>		<p><b>REINSTATEMENT 1998-1999</b> <b>(BIC)</b></p>	
<p><b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b></p>			
<p>12. I further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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.</p>			
<p>SIGNATURE <i>Alan B. Lee</i></p>		<p>DATE <b>8/18/1999</b></p>	
<p>Typed or Printed Name of General Partner Signing Form <b>Alan B. Lee, VP of Gen. Partner</b></p>		<p>Telephone Number <b>303 283 4101</b></p>	

CR2E039 (12/98)