OCT-19-2001 [illegible] CT CORPORATION P.02

A93000001322

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 OCT 25 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100004658361--2
-10/30/01--01002--019
****276.25 ****276.25

DOCUMENT # A93000001322

1. Name of Limited Partnership
Magnolia Associates, Ltd.

2. Principal Office Address		3. Mailing Office Address	
120 West 45th Street		120 West 45th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
—		—	
City & State: New York, N.Y.		City & State: New York, NY	
Zip: 10036	Country: USA	Zip: 10036	Country: USA

4. Date Formed or Registered To Do Business in Florida: 12/10/96

5. FEI Number: 59-3213593 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

7a. Capital Contributions as shown on Record: $47,435,653.00

7b. Amount of Capital Contributions in FLORIDA to date: $47,435,650.00

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): $85.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year record 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.

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

9. Pursuant to the provisions of sections 620.1051 and 620.182, 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): Connie Bry — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — DATE: 10/24/01

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
Metropolitan Orlando GP LLC	225 Broadhollow Road	Melville, N.Y. 11747	M99000000767

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****758.75 ****758.75

REINSTATEMENT 2001

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: [signature] DATE: 10/22/01

Typed or Printed Name of General Partner Signing Form: Jason M. Barnett, E.V.P. Telephone Number:

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Magnolia Associates, Ltd.

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FILED
01 OCT 25 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 OCT 24 PM 12:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
01 OCT 25 AM 11:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (x) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	(x) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will-Wait	( ) After 4:30 (x) Pick Up

Name Availability _____
Document Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

10/24/01

Order#: 4853101

Ref#: _____

Amount: $_____

Buck: Please file this ASAP. We need this back no later than 1:30. Thank-you

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 24, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: MAGNOLIA ASSOCIATES, LTD.
Ref. Number: A93000001322

We have received your document for MAGNOLIA ASSOCIATES, LTD. and check(s) totaling $758.75. However, your check(s) and document are being returned for the following:

Please note that this limited partnership has previously declared a TOTAL LIMITED PARTNER CONTRIBUTION AMOUNT of $47,435,653.00. This is the amount that MUST APPEAR in Item 7-A.

In Item 7-B, you must state the total limited partner contribution to date. If this amount is $61,864,837.00, then the limited partnership will have to file a SUPPLEMENTAL AFFIDAVIT along with the reinstatement.

The fee to file just the SUPPLEMENTAL AFFIDAVIT would be $1,750.00.

The fees required JUST FOR THE REINSTATEMENT total $1,026.25.

Please add $8.75 if a certificate of status is desired.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 601A00058579