PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 MAY 10 PM 3:53

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A93000001322

1. Name of Limited Partnership
Magnolia Associates, LTD.

MJH

5/10

2. Principal Office Address	3. Mailing Office Address	4. Date Formed or Registered To Do Business in Florida: 12/10/1993
c/o Reckson Assoc. 225 Broadhollow R	c/o Reckson Assoc. 225 Broadhollow R	
Suite, Apt. #, etc.: 212W	Suite, Apt. #, etc.: 212W	5. FEI Number: 13-3970793 ☐ Applied For ☐ Not Applicable
City & State: Melville, NY	City & State: Melville, NY	6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 Additional Fee applies for a Certificate of Status
Zip: 11747 Country: USA	Zip: 11747 Country: USA	7a. Capital Contributions as shown on Record: 47,435,653
		7b. Amount of Capital Contributions in FLORIDA to date: 47,435,653

8. Name and Address of Current Registered Agent

Name: CT Corporation System Inc.

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

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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 $53.50 and a maximum of $497.50, for each year that this office
2.) Supplemental Fee(s): $88.75 for each year that this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year more than 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 620.1041 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 as registered agent. I am familiar with, and accept the obligations of section 620.193, Florida Statutes.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

SIGNATURE (Registered Agent Accepting Appointment) Connie Bryan DATE 5/10/2005

CR2E031 (1/00)

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, Ste. 212W	Melville, NY 11747	M99000000767

2002-2003
2004-2005

REINSTATEMENT

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 hereby release the Division of Corporations from any liability of noncompliance with Section 119.07(3)(i) in the event that my 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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership, manager or individual empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE Michael McMahon DATE 5/9/05

Typed or Printed Name of General Partner Signing Form: Michael McMahon, VP Telephone Number: 631-622-6723

Signature Block Should Read:

By: Metropolitan Orlando GP, LLC,
its general partner

By: Reckson Operating Partnership, L.P.
its managing member

By: Reckson Associates Realty Corp.
its general partner

By: Michael McMahon
Vice President

Florida Department of State

Division of Corporations
Public Access System

(3)

Electronic Filing Cover Sheet 5/10 Reinst.

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Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

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DIVISION OF CORPORATION

LIMITED PARTNERSHIP REINSTATEMENT

MAGNOLIA ASSOCIATES, LTD.

Certificate of Status	1
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