

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A93000001344

1. Name of Limited Partnership

BISCAYNE APARTMENTS ASSOCIATES, LTD.

2. Principal Office Address

315 S. BISCAYNE BLVD.

3. Mailing Office Address

315 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

3rd Floor,

Suite, Apt. #, etc.

3rd Floor,

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

U.S.A

Zip

33131

Country

U.S.A

8. Name and Address of Current Registered Agent

Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable)

11380 Prosperity Farms Road #221E

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

9. 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 (Registered Agent Accepting Appointment)

Marin Areiza

(REGISTERED AGENT MUST SIGN)

DATE June 8, 2006

**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

Related GMN Biscayne, Ltd.

315 S. Biscayne Blvd., 3rd Floor

Miami, FL 33131

A

93000001343

REINSTATEMENT 2004-2006

100076253111
06/16/06--01016--014 **1500.00

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

Marin Areiza

DATE

June 8, 2006

Typed or Printed Name of General Partner Signing Form

Angel Hernandez, by: Maria Areiza As Attorney-in-fact

Telephone Number

305-672-0686

FILED
2006 JUN 12 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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