

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 4em; font-weight: bold; opacity: 0.5;">A95000001035</div> <div style="text-align: center;"> FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS </div> <div style="text-align: right;"> FILED JUN 16 PM 2:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> </div>		
DOCUMENT # A95000001035 1. Name of Limited Partnership Quest II First Avenue Associates LP		
2. Mailing Address 670 White Plains Rd. Suite 106 Scarsdale, NY 10583 USA	3. Principal Office Address C/O CT Corporation Sys 1280 South Pine Island Plantation, FL 33324 USA	4. Date Formed or Registered To Do Business in Florida 7/11/95 5. FEI Number 13-3890702 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 7. State or Country of Formation FL
8a. Capital Contributions as Shown on Record: \$ 200,000.00 8b. Amount of Capital Contributions in FLORIDA to date:		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
9. Name and Address of Current Registered Agent C T Corporation System 1200 South Pine Island Road Plantation, FL 33324		10. If changed, new registered agent/office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ FL Zip Code _____
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.		
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.		
11. Names of General Partner(s) Rabina, Mairad Rabina, Samuel	Address of Each General Partner (Do NOT Use Post Office Box Numbers) c/o 670 White Plains Rd, Scarsdale, NY c/o 670 White Plains Rd, Scarsdale, NY	City, State and Zip Code Scarsdale, NY 10583 Scarsdale, NY 10583 11a. Registration Document Number 700002215737-1 -06/18/97-01065-006 ***1041.25 ***1041.25

REINSTATEMENT 97-AR

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(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.

Quest II Management Corp.
By: Mairad Rabina, President
 SIGNATURE _____

DATE 6/1/97

Typed or Printed Name of General Partner Signing Form

Telephone Number (914) 722-4400

CR2E039 (1/97)