*				
MOTA		3	\sim	15
A PLICATION FOR	ELOBY DE AR	TMEAT OF CLATE		13
REINSTATEMENT FOR DELLA	EMENT crejary	∕olShate	DIVISH TO BE TO SERVE	e. Taga
LIMITED PARTNERSHIP				
DOCUMENT # A9700000215 1. Name of Limited Partnership			99 JUL -9 711 8:1	រថ
Oasis Gardens Limited Partnership			DÓ NOT WRITE	IN THIS SPACE
2. Mailing Address 313 Congress Street	3. Principal Office Address 313 Congress Street		4. Date Formed or Registered To Do Business in Florida	1 /24 /07
Suite, Apl. #, etc	Suite Apt # etc		5. FEI Number	1/24/97 Applied For
City & State Boston, MA	City & State			Not Applicable
Zip Country	Zip Country		6. CERTIFICATE OF STATUS DESIRE	S8 75 Additional Fee required for a Certificate of Status
02210	02210		7. State or Country of Formation	
8a. Capital Contribulions as Shown on Record. \$100.00	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): \$88 75 for each year due this office, beginning with 1992 celendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is definquent. 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.			
8b. Amount of Capital Contributions in FLORIDA to date:				
9. Name and Address of Current Ro	10. If changed, new registered agent/office			
Brian McDonough		Name		
Stearns Wever Miller Weissler et al 150 West Flagler Street		Street Address (P.O. Box Number Is Not Acceptable) 300002936363 - 4 Suite. Apt. # etc -07/20/3901068003		
Miami, FL 33130		City ****E5(1.10) *****E5(1.10)		
10a. Pursuant to the provisions of sections 620 1051 and 620.192, Florida Statutes, the above-named		<u> FL </u>		
or the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of	islered agent, or both, in the State of Flo	id ilmited partnership org rida. Such change was a	ganized or registered under the laws of the S authorized by its general parther(s). I hereby	state of Florida, submits this statement accept the appointment of registered
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)	Address of Each General Pa (Do NOT Use Post Office Box N		City, State and Zip Code	11a. Registration Document Number
GHG Gardens LLC	LLC c/o Gatehouse Dev. Corp.		•	M97000000026
	313 Congress St	treet 1	Boston, MA 02210	
				,:
			1	<u>.4.</u> 1
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 fur ished and tues 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), if the everythat 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 Oasis Gardens Limited Partnership				
SIGNATURE Gardens LLC, Its General Partner DATE 5/6/99				

Plenskier, Manager

Marc S.

Typed or Printed Name of General Partner Signing Form

Telephone Number (617) 345-9300