A97000000311

Florida Department of State
Division of Corporations
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To:
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Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

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LP/LLLP REINSTATEMENT

MAR LAGO VILLAGE ASSOCIATES, LTD.

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A97000000311

1. Name of Limited Partnership
Mar Lago Village Associates, Ltd.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 Saint Cloud Village Ct.	201 Saint Cloud Village Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud, FL	City & State: St. Cloud, FL
Zip: 34744 Country: USA	Zip: 34744 Country: USA

CR2E039 (1/07)

4. Date Formed or Registered To Be Business in Florida: 2/4/97

5. FEI Number: 65-0765216 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $96.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.
☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 605.0113, Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Chapter 605, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): [illegible] Janet Budhu, Asst. Vice President DATE: 11/6/07
[REGISTERED AGENT MUST SIGN]

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 Number(s))	City, State and Zip Code	10a. Registration Document Number
Related Corporate V SLP, L.P.	625 Madison Ave.	New York, NY 10022	G03000000340

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

11. I am hereby certify that the information supplied with this filing is true/properly furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability or 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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership, manager or limited entity authorized to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] DATE: 11/07/2007

Typed or Printed Name of General Partner Signing Form: Marc Schnitzer Telephone Number: (212) 521-6376