Division of Corporations

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Florida Department of State
Division of Corporations
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LP/LLLP REINSTATEMENT

MAR LAGO VILLAGE ASSOCIATES, LTD.

Certificate of Status	0
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G. MCLEOD
MAR - 6 2009
EXAMINER

REINSTATEMENT 07-08

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

CR2E039 (1/07)

DOCUMENT #

1. Name of Limited Partnership

MAR LAGO VILLAGE ASSOCIATES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
625 MADISON AVE	625 MADISON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
5TH FLOOR	5TH FLOOR
City & State	City & State
NEW YORK NY	NEW YORK NY
Zip / Country	Zip / Country
10022 USA	10022 USA

4. Date Formed or Registered To Do Business in Florida: 2/4/1997

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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $88.75 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☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 620.1810 or 620.1908, Florida Statutes, I hereby accept the appointment as registered agent and am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): Chris McNeair Assistant Secretary DATE: 3/4/09
(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 Numbers)	City, State and Zip Code	10a. Registration Document Number
RELATED CORPORATE V SLP, L.P.	625 MADISON AVE	NEW YORK, NY 10022	803000003410

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: [signature] DATE: 1/23/09

Typed or Printed Name of General Partner Signing Form: RELATED CORPORATE V SLP, L.P. by RCC Asset Managers V L.L.C. its general partner Telephone Number: 212-317-5700

FL072 - 1/17/07 CT System Online