PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED PARTNERSHIP REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 DEC 29 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

200062473482

CR2E039 (8/05)

DOCUMENT # A97000002661

1. Name of Limited Partnership
PORT CHARLOTTE ONE STOP PARTNERSHIP, LTD.

04

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 30 Broad Street, 31st Floor | | 30 Broad Street, 31st Floor | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| c/o UrbanAmerica, L.P. | | c/o UrbanAmerica, L.P. | |
| City & State | | City & State | |
| New York, NY | | New York, NY | |
| Zip | Country | Zip | Country |
| 10004 | USA | 10004 | USA |

4. Date Formed or Registered To Do Business in Florida: 12/10/1997

5. FEI Number: 59-3485821 ☐ Applied For ☐ Not Applicable

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

7a. Capital Contributions as shown on Record:
$681,427.00

7b. Amount of Capital Contributions in FLORIDA to date:
$681,427.00

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 | State | Zip Code |
|---|---|---|
| Tallahassee | FL | 32301 |

**FEES:**

1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, 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 calendar year.

3.) Penalty Fee(s): $ 500 penalty fee for each year report form is due.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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) Cynthia L. Harris **Cynthia L. Harris as its agent** DATE 12/29/05

**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 |
|---|---|---|---|
| 19500 Toledo Blade Boulevard GP, Inc. | 30 Broad Street, 31st Floor | New York, NY 10004 | F00000000420 |

REINSTATEMENT 2004-2005

**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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 12/9/05

Typed or Printed Name of General Partner Signing Form ROBERT STARK
Vice President, Asset Management
Telephone Number (212) 612-9091

A97000002661

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION

COST LIMIT : $ 2061.25

FILED
2005 DEC 29 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ORDER DATE : December 29, 2005

ORDER TIME : 11:02 AM

ORDER NO. : 783948-175

CUSTOMER NO: 5170790

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DOMESTIC FILINGS

***FILE 2ND***

NAME: PORT CHARLOTTE ONE STOP
PARTNERSHIP, LTD.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris - Ext# 2937

EXAMINER'S INITIALS _____

RECEIVED
05 DEC 29 PM 12:55
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA