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. c/o UrbanAmerica, L.P.		Suite, Apt. #, etc. c/o UrbanAmerica, L.P.	
City & State New York, NY		City & State New York, NY	
Zip 10004	Country USA	Zip 10004	Country 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: Tallahassee | State: FL | Zip Code: 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 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 : Lynell Bellemar

COST LIMIT : $ 2061.25

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

ORDER DATE : December 29, 2005

ORDER TIME : 11:02 AM

ORDER NO. : 783948-175

CUSTOMER NO: 5170790

BK

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
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA