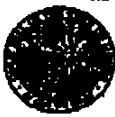


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 SEP 10 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A98000001082			
1. Name of Limited Partnership Sunset Lakes Shops, Ltd.			
2. Principal Office Address - No P.O. Box # Arbor Circle South, 8 Campus Drive Suite, Apt. #, etc. 4th Floor City & State Parsippany, NJ Zip 07054-4493 Country USA		3. Mailing Office Address Arbor Circle South, 8 Campus Drive Suite, Apt. #, etc. 4th Floor City & State Parsippany, NJ Zip 07054-4493 Country USA	
4. Date Formed or Registered To Do Business in Florida 05/01/1998		5. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$28.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. ☒ A \$200 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not resolve the prior motions. By checking this box, you are certifying the prior motions were not resolved and requesting the \$200 penalty fee(s) be waived.	
6. 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. FILING AGENT Signature (Registered Agent Accepting Appointment) Marie Edwards Asst. Vice President DATE 9/10/07	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10a. Name(s) of General Partner(s) Sunset Lakes Shops GP, LLC	10b. Address of Each General Partner (Do NOT Use Post Office Box Number) Arbor Circle South 8 Campus Drive, 4th Floor	10c. City, State and Zip Code Parsippany, NJ 07054-4493	10d. Registration Document Number L03000024455
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 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 119, Florida Statutes.			
SIGNATURE Whitney Wright Lawallen		DATE 9/10/07 Telephone Number 770 395 8416	

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Florida Department of State
Division of Corporations
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Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

① please file for
(before audit #
H07000225736)

② please waive penalty
fee

Thank you!

LP/LLLP REINSTATEMENT

SUNSET LAKES SHOPS, LTD.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$2,000.00

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