

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
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LP/LLLP REINSTATEMENT

HIDDEN GROVE, LTD.

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

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>A98000002819</u>			
<b>1. Name of Limited Partnership</b> <u>HIDDEN GROVE, LTD</u>			
<b>2. Principal Office Address - No P.O. Box #</b> <u>625 MADISON AVE</u> Suite, Apt. #, etc. <u>5TH FLOOR</u> City & State <u>NEW YORK, NY</u> Zip Country <u>10022 USA</u>		<b>3. Mailing Office Address</b> <u>625 MADISON AVE</u> Suite, Apt. #, etc. <u>5TH FLOOR</u> City & State <u>NEW YORK, NY</u> Zip Country <u>10022 USA</u>	
<b>4. Date Formed or Registered To Do Business in Florida</b> <u>12/21/1998</u>		<b>5. FEI Number</b> <u>65-0884444</u>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	
<b>7. FEES:</b> 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. <input type="checkbox"/> A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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.			
<b>8. Name and Address of Current Registered Agent:</b> Name <u>CT CORPORATION SYSTEM</u> Street Address (P.O. Box Number is Not Acceptable) <u>1206 SOUTH PING ISLAND ROAD</u> Suite, Apt. #, Etc. City State Zip Code <u>PLANTATION FL 33324</u>			
<b>9. Pursuant to the provisions of section 620.1610 or 620.1620, Florida Statutes, I hereby accept the appointment as registered agent, familiar with, and accept the obligations of Chapter 620, Florida Statutes.</b> SIGNATURE (Registered Agent Accepting Appointment) <u>Chris McNeer</u> DATE <u>3/1/09</u> Assistant Secretary			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>10. Name(s) of General Partner(s)</b> <u>RELATED CORPORATE XV SLP, L.P.</u>		<b>10a. Registration Document Number</b> <u>B08000000006</u>	
<b>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <u>625 MADISON AVE</u>		<b>City, State and Zip Code</b> <u>NEW YORK, NY 10022</u>	
<b>REINSTATEMENT 08-09</b> <u>QC</u>			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
<b>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 the report as required by chapter 620, Florida Statutes.</b>			
SIGNATURE <u>MBAK</u>		DATE <u>1/23/09</u>	
Typed or Printed Name of General Partner Signing Form <u>Related Corporate XV SLP, L.P. NY</u>		Telephone Number <u>212-317-5700</u>	

its general partner KOL ASSOC Managers XV L.L.C.