

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED PARTNERSHIP REINSTATEMENT | | | | FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS | |
|---|----------------|---|----------------|--|--|
| DOCUMENT # <u>P99000000919</u> | | | | | |
| 1. Name of Limited Partnership 1445 Washington Limited Partnership | | | | | |
| 2. Principal Office Address 1445 Washington Ave. Suite, Apt. #, etc. | | 3. Mailing Office Address 770 N. Halsted Suite 203 | | 4. Date Formed or Registered To Do Business in Florida 6/7/99 | |
| City & State Miami Beach, Florida | | City & State Chicago, IL | | 5. FEI Number 65-0927677 | |
| Zip 33139 | Country USA | Zip 60602 | Country USA | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| 8. Name and Address of Current Registered Agent | | | | 7a. Capital Contributions as shown on Record: 25,000 | |
| Name Corporation Service Company | | | | 7b. Amount of Capital Contributions in FLORIDA to date: \$2,300,000.00 | |
| Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street | | | | FEES: | |
| Suite, Apt. #, Etc. | | | | 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. | |
| City Tallahassee | State FL | Zip Code 32301-2525 | | 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. | |
| 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) <u>D. D. L. AST. SEC.</u> | | | | DATE <u>11-1-00</u> | |
| 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) | | 10a. Registration Document Number | |
| 1445 Washington, Inc. | | 1445 Washington Ave. | | P99000050840 | |
| Adm - 500.00 AR - 437.50 A-1000 - 88.75 \$1,026.25 | | REINSTATEMENT <u>2000</u> | | 400003500124-3 -12/13/00--01088--001 ***1026.25 ***1026.25 | |
| 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 <u>[Signature]</u> | | | | DATE <u>10/30/00</u> | |
| Typed or Printed Name of General Partner Signing Form <u>1445 Washington, Inc.</u> | | | | Telephone Number <u>305-531-5027</u> | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (9/00)