

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>LIMITED PARTNERSHIP REINSTATEMENT</p> <p>FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS</p>				<p>FILED 00 DEC -1 PM 4: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
<p>DOCUMENT # <u>199900000919</u></p> <p>1. Name of Limited Partnership 1445 Washington Limited Partnership</p>					
<p>2. Principal Office Address 1445 Washington Ave.</p>		<p>3. Mailing Office Address 770 N. Halsted</p>		<p>4. Date Formed or Registered To Do Business in Florida 6/7/99</p>	
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc. Suite 203</p>		<p>5. FEI Number 65-0927677</p> <p>Applied For <input type="checkbox"/> Not Applicable</p>	
<p>City & State Miami Beach, Florida</p>		<p>City & State Chicago, IL</p>		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	
<p>Zip 33139</p>	<p>Country USA</p>	<p>Zip 60602</p>	<p>Country USA</p>	<p>7a. Capital Contributions as shown on Record: 25,000</p>	
<p>8. Name and Address of Current Registered Agent</p>				<p>7b. Amount of Capital Contributions in FLORIDA to date: \$2,300,000.00</p>	
<p>Name Corporation Service Company</p>				<p>FEES:</p>	
<p>Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street</p>				<p>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.</p>	
<p>Suite, Apt. #, Etc.</p>				<p>2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.</p>	
<p>City Tallahassee</p>	<p>State FL</p>	<p>Zip Code 32301-2525</p>		<p>3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. 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.</p>	
<p>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.</p>					
<p>SIGNATURE (Registered Agent Accepting Appointment) <u>D. D. L. ASST. SEC.</u></p>				<p>DATE <u>11-1-00</u></p>	
<p>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</p>					
<p>10. Name(s) of General Partner(s)</p>		<p>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</p>		<p>10a. Registration Document Number</p>	
<p>1445 Washington, Inc.</p>		<p>1445 Washington Ave.</p>		<p>Miami Beach, FL 33139 P99000050840</p>	
<p>ADM - 500.00 AR - 437.50 ASST. SEC. - 88.75 \$ 1,026.25</p>		<p>REINSTATEMENT 2000</p>		<p>400003500124-3 -12/13/00--01088--001 ***1026.25 ***1026.25</p>	
<p>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</p>					
<p>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.</p>					
<p>SIGNATURE <u>[Signature]</u></p>				<p>DATE <u>10/30/00</u></p>	
<p>Typed or Printed Name of General Partner Signing Form <u>1445 Washington, Inc.</u></p>				<p>Telephone Number <u>305-531-5027</u></p>	

CR2E039 (9/00)