

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT				FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # B01000000017					
1. Name of Limited Partnership Laurels Operating L.P.					
2. Principal Office Address 550 9th Avenue		3. Mailing Office Address 550 9th Avenue		4. Date Formed or Registered To Do Business in Florida 01/16/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3686991	
City & State St. Petersburg, FL		City & State St. Petersburg, FL		Applied For Not Applicable	
Zip 33707		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	
Zip 33707		Country USA		7a. Capital Contributions as shown on Record: \$10.00	
8. Name and Address of Current Registered Agent		Name Edwin B. Kagan		7b. Amount of Capital Contributions in FLORIDA to date: \$10.00	
Street Address (P.O. Box Number is Not Acceptable) 2709 Rocky Point Drive		Suite, Apt. #, Etc. Suite 102		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 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.	
City Tampa		State FL		Zip Code 33607	
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)				DATE 12/05/02	
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					
Laurels Realty Owners, LLC		266 East Broadway Apt. 306		New York, NY 10002	
M01000000141		9000009423849 12/09/02--01110--002 **576.25			
AL		REINSTATEMENT 2002			
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 12/05/02	
Typed or Printed Name of General Partner Signing Form Herman Jacobs, on behalf of				Telephone Number (727) 898-4105	
Laurels Realty Owners, LLC					

CR2E038 (9/01)

EDWIN B. KAGAN, P.A.

ATTORNEY AT LAW

2709 ROCKY POINT DRIVE

SUITE 102

TAMPA, FLORIDA 33607

TELEPHONE (813) 281-5609

FACSIMILE (813) 288-0428

December 5, 2002

VIA OVERNIGHT DELIVERY

Florida Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Attn: Partnership Section

Re: Laurels Operating L.P.

Dear Sir/Madam:

Enclosed please find for filing a Limited Partnership
Reinstatement Form for the above-captioned limited partnership.

Enclosed is a check for \$576.25, covering the various fees
incident to the filing of the Reinstatement Form.

Thank you for your cooperation.

Sincerely,



Edwin B. Kagan

EBK/bac
Enclosures
cc: Ben Atkins