PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/11)

DOCUMENT # B01000000409

1. Name of Limited Partnership

Jacksonville Enclave Apartments, L.P

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
230 Park Avenue	230 Park Avenue
Suite, Apt. #, etc. Floor 12	Suite, Apt. #, etc. Floor 12
City & State New York, NY	City & State New York, NY
Zip 10169 Country US	Zip 10169 Country US

4. Date Formed or Registered To Do Business in Florida 11/26/2001

5. FEI Number 27-3018087 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc

City: Plantation FL Zip Code: 33324

7. FEES:
Filing Fee(s): $411.25 for each year due this office
Supplemental Fee(s): $68.75 for each year due this office
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records

E-mail Address:
CLS-NYCorpService@wolterskluwer.com
E-Mail address to be used for future annual report notice

9. Pursuant to the provisions of section 620.1810 or 620.1908 Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Corina Barua DATE 12/5/2014
(REGISTERED AGENT MUST SIGN)

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 Number)	City, State and Zip Code	10a. Registration Document Number
JRH Properties I, LLC	230 Park Avenue, 12th Floor	New York, NY 10169	M04000002696

REINSTATEMENT
2011 - 2014

S. HAWKES
DEC 05 A.M.
EXAMINER

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, FS. 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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership or a member or manager authorized to execute this report as required by Chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE Sharifa Merchant DATE 12/4/2014

Typed or Printed Name of General Partner Signing Form: Sharifa Merchant Telephone Number: 212 808-3614

Florida Department of State
Division of Corporations
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LP/LLLP REINSTATEMENT
JACKSONVILLE ENCLAVE APARTMENTS, L.P.

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