

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # B02000000319			
1. Name of Limited Partnership Lee Road Partners LP			
2. Principal Office Address - No P.O. Box # 330 Madison Avenue		3. Mailing Office Address 330 Madison Avenue	
Suite, Apt. #, etc. 9th Floor		Suite, Apt. #, etc. 9th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10017	Country USA	Zip 10017	Country USA
8. Name and Address of Current Registered Agent			
Name NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive			
Suite, Apt. #, Etc. Suite 4			
City Weston		State FL	Zip Code 33331
9. Pursuant to the provisions of section 620 1810 or 620 1909, Florida Statutes, I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) <u><i>[Signature]</i></u> DATE <u>5-31-07</u> (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 Numbers)	City, State and Zip Code	10a. Registration Document Number
Lee Road Partners Corp.	330 Madison Avenue 9th Floor	New York, NY 10017	F02000004900
REINSTATEMENT 2005-2007			
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 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 this report as required by chapter 620, Florida Statutes.			
SIGNATURE <u><i>[Signature]</i></u>		DATE <u>5/31/07</u>	
Typed or Printed Name of General Partner Signing Form <u>Jonathan Ceppo</u>		Telephone Number <u>212.972.5020</u>	

FILED

07 JUN -7 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000104226400

06/11/07--01054--001 **1000.00

BK000104226400

06/11/07--01054--002 **500.00

CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida **9/26/2002**

5. FEI Number
03-0483826

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. FEES:

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.

☒ 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.