MAR. 2[illegible] 2007 [illegible]:58PM [illegible] NO. 20[illegible]

B04000000353

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000082885 3)))

H07000082885ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Recd. 3/29/07 Ltr

LP/LLLP REINSTATEMENT

WEST PORT COLONY HOLDINGS, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$2,000.00

3/30

FILED
2007 MAR 29 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

ING
REAL ESTATE
INVESTMENT MANAGEMENT

Division of Corporations
Attn: Partnership Section
PO BOX 6327
Tallahassee, FL 32314

March 28, 2007

RE: West Port Colony Holdings, LP
FEIN: 73-1708843
Limited Partnership Reinstatement

TAX PERIOD 1/1/06 to 12/31/06 and 1/1/07 to 12/31/07

To Whom It May Concern:

It has recently come to our attention that West Port Colony Holdings, LP FEIN: 73-1708843 has lost its Certificate of Authority with the State of Florida due to non-payment of its annual fees for the year ended 2006 and 2007.

We are respectfully requesting that the $500 penalty fee be waived for both years since we were not aware the payments were due. We have no records of receiving these invoices at our Park Ave address.

Thank you very much for your consideration.

If you have any questions please feel free to contact me at 212-883-2584.

Sincerely,

Tal Parente

Tal Parente

FILED
2007 MAR 29 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 MAR 29 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/07)

DOCUMENT # B04000000353

1. Name of Limited Partnership

WEST PORT COLONY HOLDINGS, L.P.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
230 Park Ave 12 FL	Same
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: New York NY	City & State
Zip: 10169 / County	Zip / County

4. Date Formed or Registered To Do Business in Florida

5. FEI Number: 73-1708843 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

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.

☒ 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.

9. Pursuant to the provisions of section 620.1010 or 620.1904, 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) _____ (REGISTERED AGENT MUST SIGN) DATE 3/28/07

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
West Port Colony Investors LLC	230 Park Ave 12 FL	New York NY 10169	

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 hereby request the Division of Corporations notify me 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 effect 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 Christine A Reinhart DATE 3/28/07

Typed or Printed Name of General Partner Signing Form: Christine A. Reinhart Telephone Number: (212) 883-2500