
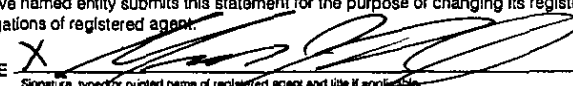

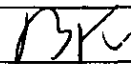


# 2005 LIMITED PARTNERSHIP REINSTATEMENT

<b>DOCUMENT # B04000000502</b> 1. Entity Name <b>BREF/BSP PARTNERS/MAITLAND, LP</b>					
Principal Place of Business <b>200 PARK AVENUE SOUTH, SUITE 200 WINTER PARK, FL 32789</b>				Mailing Address <b>200 PARK AVENUE SOUTH, SUITE 200 WINTER PARK, FL 32789</b>	
2. Principal Place of Business <b>250 PARK AVE. SOUTH</b>		3. Mailing Address <b>250 PARK AVE. SOUTH</b>		<b>05</b>	
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>		12082005 REIN-LP CR2E100 (6/04)	
City & State <b>Winter Park, FL</b>		City & State <b>Winter Park, FL</b>		4. FEI Number <b>20-1875672</b>	
Zip <b>32789</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 (J3S) ORLANDO, FL 32801-3280</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE _____ <small>Signature, typewritten printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$3,610,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # <b>L04000083247</b> NAME <b>BSP/MAITLAND, LLC</b> STREET ADDRESS <b>200 PARK AVENUE SOUTH, SUITE 200</b> CITY-ST-ZIP <b>WINTER PARK, FL 32789</b>			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:  <b>KEN L. KUPP</b> <b>12/9/05 407-647-3290</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

**FILED**  
**05 DEC 15 PM 12:34**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT 2005**  


STAPLE CHECK HERE