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2007 OCT 30 A 10: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # B05000000392			
1. Entity Name STONEGATE COMPLEX, L.P.			
Principal Place of Business 737 NORTH MICHIGAN AVENUE, SUITE 1850 CHICAGO, IL 60611		Mailing Address 737 NORTH MICHIGAN AVENUE, SUITE 1850 CHICAGO, IL 60611	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3294888		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. Pursuant to the provisions of section 620.1810 or 620.1808, Florida Statutes, I have been advised by <u>Sarah B. Ayelle</u> of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.			
SIGNATURE <u>Sarah B. Ayelle</u>		Assistant Secretary <u>10/30/07</u>	
FILE NUMBER FEE IS \$1000.00 After January 1, 2004, Fee will be \$2000.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M0500004985 STONEGATE COMPLEX GP, L.L.C. 737 NORTH MICHIGAN AVENUE, SUITE 1850 CHICAGO, IL 60611	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <u>Neeraj Wolfson</u>		<u>09-26-2007 (12)</u> 2010	

REINSTATEMENT 07

Handwritten initials

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Florida Department of State
Division of Corporations
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LP/LLP REINSTATEMENT

STONEGATE COMPLEX, L.P.

Certificate of Status	0
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