2007 LIMITED PARTNERSHIP REINSTATEMENT

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FILED DOCUMENT # B05000000436 2007 MAR 27 AM 9: 19 MIZNER COURT HOLDINGS, L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2711 CENTERVILLE ROAD, STE. 400 2711 CENTERVILLE ROAD, STE. 400 WILMINGTON, DE 19808 WILMINGTON, DE 19808 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. 03202007 REIN-LP CR2E100 (1/07) 4. FEI Number City & State Applied For aton Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOLTZ, MORRIS L II Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO RD., STE. 3101 BOCA RATON, FL 33431 Zip Code 8. 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (REGISTERED AGENT MUST SIGN) In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$1000.00 prior notice. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # F05000005982 STREET ADDRESS MIZNER COURT HOLDINGS, INC. NAME 301 YAMATO RD., STE. 3101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33431 500095699 DOCUMENT # 04/03/07--01051--018 **1000.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER