APPLICATION REINSTATE FOR LIMITED PART	<b>397</b> 0	FLORIDA DO U	DEPARTMENT OF S	NS TATE	DIVIDION OF CON	PORATIONS	
DOCUMENT 1. Name of Limited Partne		0604					·
Griphon Marlins L.P.				DO NOT WRITE IN THIS SPACE.			
2. Mailing Address	Street Capita	3. Principal Office Address 1 c/o Barro		anni 1	4. Date Formed or Registered To Do Business in Florida	11/10/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	5. FEI Number	11/10/9/	Applied For
31 W. 52nd City & State	St., 16th Fl.	31 W. 52nd City & State	St., 16t)	h Fl.	13-3972922	T T	Not Applicable
New York, NY		New York, NY			6.	SE 75 Addition	our Procession
Žip	Country	Zip	Country		CERTIFICATE OF STATUS DESIR	ED	its of od Situaci
10019	USA	10019	USA		7. State or Country of Formation		
<ol> <li>Capital Contributions on Record</li> </ol>	s as Shown	FEES:1.) Filing Fee(	s): Computed at a rate of	f \$7 per \$1,000	on amount entered in 8b, with a minimu	um filing fee of \$52.50 r	and a maximum of
\$ 3,738,128.97			or <u>each year due</u> this office that Feer's): \$RR 75 for ea		is office, beginning with 1992 calendar y	- MAR	
8b. Amount of Capital Contributions in FLORIDA to date:		Penalty Fee(s): \$500 penalty fee for each year re     Note: If the amount entered in 8b is greater than amount entered		ort form is delinquent		a consense and	
\$3,738,12		appropriate filing:		CONTRACTOR OF REST	ra ni out, u suppreside nel sumatri: finas oc	, sociation mong was	a soperate and
9, Name and Address of Current Registered Agent				10. If changed, new registered agent/office			
Walder-Pauli Cornerate Cornices 7							
Valdes-Fauli Corporate Services, Inc. 777 S. Flagler Dr., 500 East Tower				Street Address (P.O. Box Number Is Not Acceptable)			
	each, FL 3340			# etc			
	•			w, 610.			
			City			FL Zip Cod	ie
for the purpose of c agent I am familiar		istered agent, or both, in the Si section 620492. Florida Statul	tate of Florida. Such cha les.	nge was author	red or registered under the laws of the S prized by its general partner(s). I hereby of the Register	sccept the appointme	ent of registered
A GENERAL		A CORPORATI BE REGISTERE			NERSHIP OR OTHER H THIS OFFICE.	BUSINESS	ENTITY
11. Names of General Partner(s)		Address of Each ( (Do NOT Use Post Of			City, State and Zip Code		stration ent Number

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 finite manual report as tracing by charge 680. Florida, Statutes.

Example 10.18.199

SIGNATURE By:

DATE 10.18.199

Typed or Printed Name of General Partner Signing Form \_

Griphon Golden Bear LLC

Robert F. Greenhill

c/o Barrow Street

500 Capital, 31 W. 52nd 500 Street, 16th Floor

Telephone Number (212) 408-9494

New York 17026.25 \*\*\*1026.25