LIMITEC \_\_\_\_\_ PARTNERSHIP REINSTATEMENT

1. Name of Limited Partnership

ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

NOV -4 PM 4: 14



Phoenix Realty Special Account - U, L.P. alzelaz

		11-0	11-010/	
2. Principal Office Address 737 N. Michigan		3. Mailing Office Address 737 N. Michigan		-
Suite, Apt. #, etc. Suite 1950		Suite, Apt. #, etc. Suite 1950		
City & State Chicago, IL		City & State Chicago, IL		
60611	Country	z <sub>ip</sub> 60611	Country	

8. Name and Address of Current Registered Agent

Date Formed or Registered To Do Business in Florida 5. FEI Number Applied For 06-1457582 Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: \$12,480,219.00

7b. Amount of Capital Contributions in FLORIDA to date:

. 214.

### Name CT Corporation System

1200 South Pine Island Road

Suite, Apt. #, Etc.

10.

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

DOCUMENT # B98000000091

City Plantation

State FL

Zip Code 33324

#### FEES:

- Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for <u>each year due</u> this office.
- Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.
- Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. CONNIE BRYAN

SIGNATURE (Registered Agent Accepting Appointment)

SPECIAL ASSISTANT SECRETARY

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Henderson Global Investors GP, L.L.C.

Typed or Printed Name of General Partner Signing Form

Name(s) of General Partner(s)

737 North Michigan, **Suite 1950** 

Address of Each General Partner

(Do NOT Use Post Office Box Numbers)

Chicago, IL 60611

. City, State and Zip Code

Document Number m 02000001114

Registration

400024461654 11/06/03--01004--009 \*\*1087.5

# REMISTATEMENT 2003

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

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)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is discreted 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 effects as if made under call. further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by change 620, Florida Statutes.

SIGNATURE Z

Brian C. Booker, Secretary HGIGP

October 31, 2003

Telephone Number (312) 475-7010