

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 398000000127			
1. Name of Limited Partnership Eden Roc Acquisition, LP			
2. Principal Office Address 450 Park Avenue		3. Mailing Office Address 450 Park Avenue	
Suite, Apt. #, etc. 29th Floor		Suite, Apt. #, etc. 29th Floor	
City & State New York, New York		City & State New York, New York	
Zip 10022	Country	Zip 10022	Country
8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	
9. 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. BRIAN COURTNEY, ASST. V.P. SIGNATURE (Registered Agent Accepting Appointment) [Signature] DATE 11/22/2000			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Blackack Eden Roc LLC Adm = 500.00 AR 437.50 AR 500.00 1,026.25	450 Park Avenue, 29th Floor	New York, New York 10022	M98000000189 000003496430--8 -12/12/00--01024--015 ***1026.25 ***1026.25
REINSTATEMENT 2000			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. 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 deemed 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 oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE [Signature]		DATE 11/16/00	
Typed or Printed Name of General Partner Signing Form		Telephone Number	

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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