

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<b>B9800000169</b>	<b>FILED</b> 00 DEC -4 PM 5:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <b>B9800000169</b>					
<b>1. Name of Limited Partnership</b> Blackacre Orlando Hotel, Limited Partnership					
<b>2. Principal Office Address</b> 450 Park Avenue Suite, Apt. #, etc. 29th Floor City & State New York, New York Zip 10022		<b>3. Mailing Office Address</b> 450 Park Avenue Suite, Apt. #, etc. 29th Floor City & State New York, New York Zip 10022		<b>4. Date Formed or Registered To Do Business in Florida</b> 01/08/98	
				<b>5. FEI Number</b> 13-3989208	
				Applied For Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
<b>7a. Capital Contributions as shown on Record:</b> \$1,000.00					
<b>7b. Amount of Capital Contributions in FLORIDA to date:</b> \$1,000.00					
<b>8. Name and Address of Current Registered Agent</b>					
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	
<b>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.</b>					
SIGNATURE (Registered Agent Accepting Appointment) <i>[Signature]</i> <b>BRIAN COURTNEY, ASST. V.P.</b> DATE <i>11/22/00</i>					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>10. Name(s) of General Partner(s)</b> Blackacre Capital Partners, LP		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 450 Park Avenue, 29th Floor		City, State and Zip Code New York, New York 10022	
				<b>10a. Registration Document Number</b> B9800000168 300003500129--7 -12/13/00--01088--002 *****641.25 *****641.25	
<b>REINSTATEMENT 2000</b>					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
<b>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.</b>					
SIGNATURE <i>[Signature]</i> DATE <i>11/16/00</i>					
Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____					

CR2E039 (11/99)