08/06/03 07:33 FAX 305 357 5534 F L S D ATTORNEY 007

APPROVED AND FILED

03 AUG -6 AM 11:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

B98000000319

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B98000000319

1. Name of Limited Partnership

THE GABLES (FLORIDA)/EDGEWATER L.P., LTD.

REINSTATEMENT 2000-2003

2. Principal Office Address	3. Mailing Office Address
10 Edgewater Drive	10 Edgewater Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. Date Formed or Registered To Do Business in Florida: 05/21/1998

5. FEI Number: 650512938 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Records: 0.00

7b. Amount of Capital Contributions in FLORIDA to date: 0.00

8. Name and Address of Current Registered Agent

Name: David Shear

Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle

Suite, Apt. #, Etc.: Suite 601

City: Coral Gables State: FL Zip Code: 33133

FEES:
1.) 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 each year due this office.
2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.
3.) 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.

9. Pursuant to the provisions of sections 620.1061 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 620.193, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) David Shear DATE 7/30/03

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
Gables/Kovens, Inc.	10 Edgewater Drive	Coral Gables, FL 33133	P94000022206

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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership, officer or limited representative to execute this report as required by chapter 620 Florida Statutes.

SIGNATURE Marc Kovens DATE 7/30/03

Typed or Printed Name of General Partner Signing Form: Marc Kovens, as President of Gables/Kovens, Inc. Telephone Number: 305-740-9111

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Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305)357-5775
Fax Number : (305)357-5534

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DIVISION OF CORPORATION

LIMITED PARTNERSHIP REINSTATEMENT

THE GABLES (FLORIDA)/EDGEWATER L.P., LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$2,565.00