



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED PARTNERSHIP REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|---|---|---|
| DOCUMENT # B 98000000537 | | 01 NOV 21 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 1. Name of Limited Partnership Northco Management Services LP | | | |
| 2. Principal Office Address c/o Colonnade Properties | | 3. Mailing Office Address c/o Colonnade Properties | |
| Suite, Apt. #, etc. One Rockefeller Plaza Suite 2300 | | Suite, Apt. #, etc. One Rockefeller Plaza Suite 2300 | |
| City & State New York, NY | | City & State New York, NY | |
| Zip 10020 | Country U.S. | Zip 10020 | Country U.S. |
| 8. Name and Address of Current Registered Agent | | | |
| Name C T Corporation System | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road | | | |
| Suite, Apt. #, Etc. 9 | | | |
| City Plantation, | | State FL | Zip Code 33324 |
| 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. | | | |
| SIGNATURE (Registered Agent Accepting Appointment) | | DATE | |
| 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 |
| Northco - TSG Managers LLC | c/o Colonnade Properties LLC One Rockefeller Plaza Suite 2300 | New York, NY 10020 | M98000000948 |
| | | | 400004714194--6 -12/07/01--01036--030 ****641.25 ****641.25 |
| 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, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. | | | |
| SIGNATURE  | | DATE 12/18/01 | |
| Typed or Printed Name of General Partner Signing Form Paul Taylor Jr | | Telephone Number 212-632-6900 | |

CR2E039 (9/00)