

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B99000000185

1. Name of Limited Partnership

EQUITY INDUSTRIAL LIMITED PARTNERS II

2. Principal Office Address - No P.O. Box #

145 ROSEMARY STREET

3. Mailing Office Address

145 ROSEMARY STREET

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

SUITE E

City & State

NEEDHAM, MA

City & State

NEEDHAM, MA

Zip

02494

Country

USA

Zip

02494

Country

USA

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

32301-2525

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

Matthew Young

Asst. V. Pres.

7-23-10

**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)

EQUITY INDUSTRIAL II, INC.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**145 ROSEMARY
STREET, SUITE E**

City, State and Zip Code

NEEDHAM, MA 02494

10a. Registration
Document Number

F99000002359

REINSTATEMENT

04-10

500183716535
07/27/10--01037--001 **\$5000.00

05-10

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

7/26/10

Typed or Printed Name of General Partner Signing Form

DONALD LEVINE

Telephone Number

781-449-9000