


# A00000001907

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |                |  |                   |   |  |
|---|----------------|--|-------------------|---|--|
| <b>LIMITED PARTNERSHIP REINSTATEMENT</b>  |                |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                   | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">           SECRETARY OF STATE<br/>           TALLAHASSEE, FLORIDA<br/>           CR2E03978/05         </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">             05 OCT 13 PM 3:15           </div> <div style="font-size: 2em; font-weight: bold; transform: rotate(180deg);">             FILED           </div> </div> </div> |  |
| <b>DOCUMENT # A00000001907</b>  |                |  |                   |   |  |
| <b>1. Name of Limited Partnership</b> Esplanade Center of Park Place at Metrowest, Ltd.   |                |  |                   |   |  |
| <b>2. Principal Office Address</b><br>1768 Park Center Drive  |                | <b>3. Mailing Office Address</b><br>1768 Park Center Drive   |                   | <b>4. Date Formed or Registered To Do Business in Florida</b> 12/13/2000  |  |
| Suite, Apt. #, etc<br>Suite 400   |                | Suite, Apt. #, etc<br>Suite 400  |                   | <b>5. FEI Number</b> 593686016  |  |
| City & State<br>Orlando, Florida  |                | City & State<br>Orlando, Florida   |                   | <b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>   |  |
| Zip<br>32835  | Country<br>USA | Zip<br>32835   | Country<br>USA    | <b>7a. Capital Contributions as shown on Record:</b><br><div style="font-size: 1.5em; font-weight: bold;">990.00</div>  |  |
| <b>8. Name and Address of Current Registered Agent</b>  |                |  |                   |   |  |
| Name<br>Randolph J. Rush, Esq.  |                |  |                   |   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>250 Park Avenue South, 5th Floor  |                |  |                   |   |  |
| Suite, Apt. #, Etc.   |                |  |                   |   |  |
| City<br>Winter Park   |                | State<br>FL  | Zip Code<br>32789 |   |  |
| <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>   |                |  |                   | DATE 10/12/05   |  |
| <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>  |                | <b>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  |                   | <b>City, State and Zip Code</b>   |  |
| Esplanade Development Corp  |                | 1768 Park Center Dr.<br>Suite 400  |                   | Orlando, FL 32825   |  |
|   |                |  |                   | <b>10a. Registration Document Number:</b><br>F00000006899   |  |
|   |                |  |                   | <div style="font-size: 1.2em; font-weight: bold;">100060721011</div> <div style="font-size: 1.2em; font-weight: bold;">10/18/05--01068--004 **650.00</div>  |  |
| <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">REINSTATEMENT 2005</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">BK</div>   |                |  |                   |   |  |
| <b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>  |                |  |                   |   |  |
| <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)(f), 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 10/12/05   |  |
| Typed or Printed Name of General Partner Signing Form   |                |  |                   | Telephone Number 407 294 6400   |  |