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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A01000000964 1. Name of Limited Partnership Lexington Equity Investors, Ltd.			
2. Principal Office Address 3399 PGA Boulevard Suite, Apt. #, etc. 240 City & State Palm Beach Gardens Zip Country 33410 USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. Date Formed or Registered To Do Business in Florida July 16, 2001 5. FEI Number 65-1132901		6. CERTIFICATE OF STATE DESIRED ☐ See instructions on back for a certificate of state desired. 7a. Capital Contributions as shown on Record: \$1,000.00 7b. Amount of Capital Contributions in FLORIDA to date:	
8. Name and Address of Current Registered Agent Name Thomas K. Pierce, Esquire Street Address (P.O. Box Number is Not Acceptable) 3399 PGA Boulevard Suite, Apt. & Etc. 240 City State Zip Code Palm Beach Gardens FL 33410		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 \$62.50 and a maximum of \$437.50 for each state plus this office. 2) Supplemental Fee(s): \$7.75 for each year this office, beginning with 1982 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 statement must be submitted along with a tax return and appropriate filing fee.	
9. Pursuant to the provisions of sections 620.1031 and 620.102, 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 further with, and accept the obligations of section 620.102, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE 5/26/2004	
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) Florida/Lexington Equity Investors, Inc.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3399 PGA Boulevard Suite 240	City, State and Zip Code Palm Beach Gardens, FL 33410	10a. Registration Document Number P01000070353
REINSTATEMENT			
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 accurate, complete and does not qualify for the exemption stated in Section 118.07(3)(f), Florida Statutes, I release the Division of Corporations from any liability of damages whatsoever with Section 118.07(3)(f) 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 correct 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, taxpayer or trustee as shown in column 10 of the report as required by Chapter 820, Florida Statutes.			
SIGNATURE 		DATE 5/24/04	
Typed or Printed Name of General Partner Signing Form Malcolm Sipa		Telephone Number 561-691-9900	

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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LIMITED PARTNERSHIP REINSTATEMENT

LEXINGTON EQUITY INVESTORS, LTD.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$1,282.50

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