Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

RESUBMIT
Please give original submission date as file date.

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

File 1st !

LP/LLLP REINSTATEMENT

LEXINGTON EQUITY INVESTORS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$2,000.00

Susie ck 2556

Electronic Filing Menu Corporate Filing Menu Help

February 5, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEXINGTON EQUITY INVESTORS, LTD.
3760 KILROY AIRPORT WAY, STE 300
LONG BEACH, CA 90806US

RESUBMIT
Please give original submission date as file date.

SUBJECT: LEXINGTON EQUITY INVESTORS, LTD.
REF: A01000000964

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The general partner listed and what we have on file is different. To change the general partner you must file an amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

FAX Aud. #: H09000025131
Letter Number: 609A00004111

RECEIVED
09 FEB -9 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 FEB -9 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/07)

DOCUMENT # A01000000964

1. Name of Limited Partnership

Lexington Equity Investors, Ltd.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3760 Kilroy Airport Way		3760 Kilroy Airport Way	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Long Beach, California		City & State Long Beach, California	
Zip 90806	Country USA	Zip 90806	Country USA

4. Date Formed or Registered To Do Business in Florida 07/16/2001

5. FEI Number 65-1132901 ☐ Applied For ☐ Not Applicable

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

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

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $88.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1908, 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) Sue G. Knight as its agent DATE 2-3-08
(REGISTERED AGENT MUST SIGN)

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
CNL Retirement DAS Lexington KY GP,LLC	420 S. Orange Ave Suite 500	Orlando, FL 32801	m04000003167

REINSTATEMENT

2008-09

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 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.

SIGNATURE Brian J. Haas DATE 02/02/2009

Brian J. Haas, Authorized Person
Typed or Printed Name of General Partner Signing Form

of General Partner, CNL Retirement DAS Lexington KY GP, LLC

Telephone Number (562) 733-5100

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