

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

A0200001609

FILED

03 OCT -8 AM 9:22

SUBJECT TO REGISTRATION TALLAHASSEE FLORIDA

600023813606 10/15/03--01010--020 **\$41.25

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # A02000001609

1. Name of Limited Partnership

8610 BROADWAY, LTD.

4/26/03

2. Principal Office Address

710 Yorklyn Road

Suite, Apt. #, etc.

710 Yorklyn Road

City & State

Hockessin DE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DE 19707

Zip

19707

Country

USA

Zip

Country

4. Date Formed or Registered To Do Business in Florida

12/5/02

5. FEI Number

30-0132692

X Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: 1,000.00

7b. Amount of Capital Contributions in FLORIDA to date: 1,000.00

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 year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 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 affidavit must be submitted along with a separate and appropriate filing fee.

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

10/7/03

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Table with 4 columns: 10. Name(s) of General Partner(s), Address of Each General Partner, City, State and Zip Code, 10a. Registration Document Number. Row 1: Naples 8610 Broadway, LLC; 800 Fifth Avenue So. Suite 203; Naples, FL 34102; 600023813606 10/15/03--01010--021 **\$61.25

REINSTATEMENT 2003 bkc

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 included 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

DATE

10.06.03

Typed or Printed Name of General Partner Signing Form

Clare T. Minba

Telephone Number

239-659-2898

CR2E039 (10/02)