

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED PARTNERSHIP REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
11 APR 25 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** A03000000267

1. Name of Limited Partnership

**CMP CHP San Marcos, Ltd.**

2. Principal Office Address - No P.O. Box #  
**5505 Interstate North Parkway**

3. Mailing Office Address  
**5505 Interstate North Parkway**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Atlanta, Georgia**

City & State  
**Atlanta, Georgia 30328**

Zip  
**30328**

Country  
**USA**

Zip  
**30328**

Country  
**USA**

4. Date Formed or Registered To Do Business in Florida **02/20/2003**

5. Filing Number  
**260060086**

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  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City  
**Plantation**

FL Zip Code  
**33324**

**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.

**E-mail Address:**

**dtrivers@hsimanagement.com**

E-Mail address to be used for future annual report notices

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)

*Danny Verdecchia, Jr.*  
**Danny Verdecchia, Jr. Asst. Secretary**

DATE **4/22/11**

**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
San Marcos OS, LLC	5505 Interstate North Parkway, Suite 200	Atlanta, Georgia 30328	L10000026565
GP San Marcos, LLC	260 Peachtree Street Suite 1001	Atlanta, Georgia 30303	L03000006287

**200204395332**  
04/26/11--01011--002 \*\*2052.50

JB

**REINSTATEMENT 2010-11**

**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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE *Douglas C. Trivers* EVP of GP (San Marcos OS, LLC) DATE **4/20/11**

Typed or Printed Name of General Partner Signing Form **Douglas C. Trivers** Telephone Number **770-952-2233**