


A08713

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 31 AM 8:17

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **A 08713**
1. Name of Limited Partnership
SOUTH WIND, LTD

200029127962
02/20/04--01004--008 **1035.00

2. Principal Office Address
1400 PRUDENTIAL DR
Suite, Apt. #, etc.
#7

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Jacksonville Fla

Zip Country
32207 USA

4. Date Formed or Registered
To Do Business in Florida **3/20/80**

5. FEI Number
59-2080630

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

7a. Capital Contributions as shown on Record:
\$ 100.00

7b. Amount of Capital Contributions in FLORIDA to date:
\$ 100.00

8. Name and Address of Current Registered Agent

Name
C. Ferris Bryant, Estate of

Street Address (P.O. Box Number is Not Acceptable)
1400 PRUDENTIAL DR #7

Suite, Apt. #, Etc.

City State Zip Code
Jax FL 32207

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 \$52.50 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) **Cecilia Bryant** DATE **12/22/03**

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
C Ferris Bryant, Estate of Cecilia Bryant, Co-Personal Representative		1400 PRUDENTIAL DR JAX FL 32207	7%
Cecilia Bryant	1400 PRUDENTIAL DR #7 JAX FL	32207	1%
REINSTATEMENT 03-04 up 12/31			
500 Rein 141.50-03 141.50-04 200.00-Rein OP			

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 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 or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE **Cecilia Bryant, Co-Personal Representative, Estate of C Ferris Bryant** DATE **12/22/03**

Typed or Printed Name of General Partner Signing Form **Cecilia Bryant** Telephone Number **904-346-3366**

CR2E039 (10/02)