

A9B000000560

103
APPROVED
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FILED

03 OCT 17 PM 3:04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Name of Limited Partnership

Briaben Florida I Limited Partnership

REINSTATEMENT 2003

2. Principal Office Address

1415 Olive Street

Suite, Apt. #, etc.

Suite 310

City & State

St. Louis, MO

Zip
63103

Country
US

3. Mailing Office Address

1415 Olive Street

Suite, Apt. #, etc.

Suite 310

City & State

St. Louis, MO

Zip
63103

Country
US

4. Date Formed or Registered
To Do Business in Florida 2/24/99

5. FEI Number

582376094

Applied For

Not Applies

6.

CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$6,665,298.00

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

\$6,102,450.00

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

1201 Hays Street

City

Tallahassee

State

FL

Zip Code

32301

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): \$600 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 620.1061 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 familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Brian Courtney
Agent v. pres

DATE

10/17/03

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
MBS GP 22, L.L.C.	1415 Olive Street, Suite 310	St. Louis, MO 63103	M03000001380

JB
10-17-03

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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver, trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

By: MBS GP 22, L.L.C.

By: MBS 21 Special Company

DATE

10/17/03

Type or Printed Name of General Partner Signing Form

Hillary Zimmerman, VP

Telephone Number

(314) 621-3600

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000295222 3)))

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY / AZH
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

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03 OCT 17 PM 2:44
DIVISION OF CORPORATION

LIMITED PARTNERSHIP REINSTATEMENT**BRISBEN FLORIDA I LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,026.25

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 13, 2003

BRISBEN FLORIDA I LIMITED PARTNERSHIP
1101 LUCAS AVENUE, 6TH FLOOR
ST LOUIS, MO 63101

SUBJECT: BRISBEN FLORIDA I LIMITED PARTNERSHIP
REF: A98000000560

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 capital contributions shown on record is \$6,665,298.00. Please correct the document.

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) 245-6025.

Trevor Brumbley
Document Specialist

FAX Aud. #: H03000295222
Letter Number: 703A00055740