

A98000002411 APPLICATION FOR RESTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS		FILE 99 MAY -6 AM 9:52	
DOCUMENT # A98000002411 1. Name of Limited Partnership U.S. 1 Marina, Ltd.				DO NOT WRITE IN THIS SPACE	
2. Mailing Address 404 Margaret Street Suite, Apt. #, etc. City & State Key West, Florida Zip Country 33040 USA		3. Principal Office Address Mile Marker 4 1/2, Hwy US1 Suite, Apt. #, etc. Stock Island City & State Key West, Florida Zip Country 33040 USA		4. Date Formed or Registered To Do Business in Florida October 16, 1998 5. FEI Number 65-0868699 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status 7. State or Country of Formation Florida	
8a. Capital Contributions as Shown on Record \$10,000.00		FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. \$658.75			
8b. Amount of Capital Contributions in FLORIDA to date. \$10,000.00					
9. Name and Address of Current Registered Agent Wayne LaRue Smith 317 Whitehead Street Key West, Florida 33040		10. If changed, new registered agent/office Name Wayne LaRue Smith Street Address (P.O. Box Number is Not Acceptable) 330 Whitehead Street Suite, Apt. #, etc. Second Floor City Key West FL Zip Code 33040			
10a. 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) <i>Wayne LaRue Smith</i> DATE 5-3-99					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
Historic Seaport District, Inc.		404 Margaret Street		Key West, Florida 33040	
				11a. Registration (Document Number) P96000075488	
				500002874175--4 -05/13/99--01087--007 ****658.75 ****658.75	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 <i>A. Frederick Skomp</i>		DATE 5/3/99			
Typed or Printed Name of General Partner Signing Form A. Frederick Skomp, President		Telephone Number 305-292-3001			
Historic Seaport District, Inc.					

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