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PLEASE'R AD  LIMITED PARTNERSHIP REINSTATEMENT  DOCUMENT # B0200000	DIVISION OF	RTMENT OF S ry of State CORPORATIONS		SECRETARY OF S DIVISION OF CORPOR 03 DEC 29 PM	3: 39				
1. Name of Limited Partnership	ι	MC 1	16/04						
WALSER FLORIDA PROPER PARTNERSHIP									
2. Principal Office Address  3. Mailing Office Address				A Chair Council Co					
5501 Excelsior Boulevard	5501 Excelsior Boulevard		1	4. Date Formed or Registered To Do Business in Florida 07/22/2002					
Suite, Apt. #. etc.	Suite, Apt. #, etc.			5. FEI Number 16-1615567	-	Applied For			
City & State St. Louis Park, MN	City & State St. Louis Park, MN			6. CERTIFICATE OF STATUS DESIRI	≣D []; \$8.75 fo	Additional Fee required a Certificate of Status			
Zip Country	Zip	Country		7a. Capital Contributions as show	00000000				
55416 Hennepin	55416	Hennepin		7b. Amount of Capital Contribution	ns in FLORID				
Name O.T.O. III. O. II	Current Registered Agen	<u> </u>			701,0	000.00			
CT Corporation System Street Address (P.O. Box Number is Not Acceptable)		<del></del> -		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.					
1200 South Pine Island Road	. *								
Suite, Apt. #, Etc.				Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.					
Plantation ,	State Zip Code			3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> 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 agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)									
A GENERAL PARTNER THAT IS MUST E	A CORPORATION OF THE PROPERTY	ON, LIMITED O AND ACTIV	PART VE WI	TNERSHIP OR OTHER TH THIS OFFICE.	BUSIN	IESS ENTITY			
Name(s) of General Partner(s)	Address of Each C (Do NOT Use Post Off	Seneral Partner		City, State and Zip Code	10a.	Registration Document Number			
R.J. Walser II, LLC	5501 Excelsion Boulevard	r 	St. L 5541	ouis Park, MN 6	M020	000001910			
REINSTATEMENT				0000258 12/29/0301058-	1:39 -022	<b>9</b> ○ **102625			
200	15	<u> </u>				1			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.									
11. Ido 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.  SIGNATURE									
yoed or Printed Name of General Partner Signing Form	ert J. Walser	KIRK KILL	سسيم	DATE /2/	<i>ر د/۱۲/</i> 2-929-3				