

B1000000036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

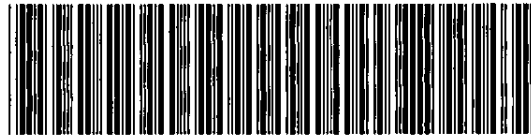
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 FEB 25 AM 8:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORAFURLD
B. KOHR

MAR - 1 2010

EXAMINER

CT Corporation System

1203 Governors Square Blvd, Suite 101, Tallahassee, 850-222-1092

Terraces at Reunion, L.P.

d/b/a Terraces at Reunion I, L.P.

Thank You!!

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 25 AM 8:40

File 2nd

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/25/2010

CB

Order#: 7777911

Ref#: _____

Amount: \$ _____



1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

February 25, 2010

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 25 AM 8:40

Re: Order #: 7777911 SO
Customer Reference 1: 11000993
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Terraces At Reunion, L.P. (TX)
Registration
Florida

Terraces At Reunion, L.P. (TX)
Certificate of Status-Foreign
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

FILED STATES
SECRETARY OF CORPORATIONS
10 FEB 25 AM 8:40

TO: Registration Section
Division of Corporations

SUBJECT: Terraces at Reunion, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Michael J. Lynd, Jr.
Contact Person
The Lynd Company
Firm/Company
8000 IH-10 West, Suite 1200
Address
San Antonio, TX 78230
City, State and Zip Code
mlynd@thelyndco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Lynd, Jr. at (210) 798-8138
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 25 AM 8:40

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Terraces at Reunion, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

Terraces at Reunion I, L.P.
If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.

2. Texas 3. February 22, 2010
State or Country of Formation Date of Formation

4. C T Corporation System
Name of Registered Agent for Service of Process

5. 1200 South Pine Island Road
Florida street address for Registered Agent
Plantation, Florida 33324

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System
By: Connie Bryan Signature of Registered Agent
Connie Bryan
Assistant Secretary

7. 8000 IH-10 West, Suite 1200
Principal office address
San Antonio, TX 78230

8. If limited partnership is a limited liability limited partnership, check box

9. 8000 IH-10 West, Suite 1200, San Antonio, TX 78230
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

<u>Terraces at Reunion Management, L.L.C.</u>	<u>8000 IH-10 West, Suite 1200</u>
Name	Street Address
	<u>San Antonio, TX 78230</u>
	Mailing Address
<u></u>	<u></u>
Name	Street Address
	Mailing Address
<u></u>	<u></u>
Name	Street Address
	Mailing Address
<u></u>	<u></u>
Name	Street Address
	Mailing Address

_____	_____
Name	Street Address
_____	_____
_____	Mailing Address
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Name	Street Address
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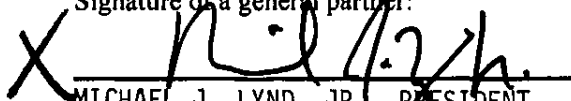
11. Effective date, if other than the date of filing: _____ n/a _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 23rd day of February, 2010

Signature of a general partner:

X 

 MICHAEL J. LYND, JR., PRESIDENT
 TERRACES AT REUNION MANAGEMENT, L.L.C.

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$ 52.50
Certificate of Status (optional): \$ 8.75

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Terraces at Reunion, L.P. (file number 801234002), a Domestic Limited Partnership (LP), was filed in this office on February 22, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 25, 2010.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State

Phone: (512) 463-5555
Prepared by: SOS-WEB

Come visit us on the internet at <http://www.sos.state.tx.us/>
Fax: (512) 463-5709
TDD: 10264

Dial: 7-1-1 for Relay Services
Document: 296489070003