

# B96000000076

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 FEB 26 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # B96000000076

1. Name of Limited Partnership  
**SOMMERVILLE ASSOCIATES, LIMITED PARTNERSHIP  
D/B/A SOMMERVILLE ASSOCIATES, L.P.** 9/29/00

2. Principal Office Address  
**CIO GFB-AS Investors LLC  
100 Jericho Quadrangle  
Suite, Apt. #, etc. 214**

3. Mailing Office Address  
**CIO GFB-AS Investors LLC  
100 Jericho Quadrangle  
Suite, Apt. #, etc. 214**

4. Date Formed or Registered To Do Business in Florida  
March 01, 1996

5. FEI Number  
650607929  
Applied For: Not Applicable

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

City & State  
**Jericho, NY**

City & State  
**Jericho, NY**

Zip Country  
**11753 USA**

Zip Country  
**11753 USA**

7a. Capital Contributions as shown on Record:  
8,300,000.00

7b. Amount of Capital Contributions in FLORIDA to date:  
8,300,000.00

8. Name and Address of Current Registered Agent  
Name: Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street  
Suite, Apt. #, Etc.:  
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 \$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.  
Assistant Vice President  
SIGNATURE (Registered Agent Accepting Appointment) Rona R. Dingle DATE 2/20/01

### 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
Leisure Facilities, Inc -XV	100 Jericho Quadrangle Suite 214 (1370)	Jericho, NY 11753	F9600000063
<b>REINSTATEMENT</b>			900003768179-9
2000-2001			

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, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.  
By: Leisure Facilities, Inc. XV, general partner  
SIGNATURE By: Allison Forrester DATE 2/15/01  
Typed or Printed Name of General Partner Signing Form Allison Forrester Telephone Number 516 822 0022  
Asst Secretary

CR2E039 (9/00)

139600000076



ACCOUNT NO. : 072100000032  
REFERENCE : 021987 7238566  
AUTHORIZATION : *Patricia Fajuts*  
COST LIMIT : \$ ~~37,500~~

ORDER DATE : February 19, 2001  
ORDER TIME : 11:28 AM  
ORDER NO. : 021987-055  
CUSTOMER NO: 7238566

*2,052.50*

CUSTOMER: Allison Forrester, Paralegal  
Post & Heymann Llp Vi  
100 Jericho Quadrangle Ste.214  
Jericho, NY 11753

FILED  
01 FEB 26 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: SOMMERVILLE ASSOCIATES,  
LIMITED PARTNERSHIP D/B/A  
SOMMERVILLE ASSOCIATES, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

*mc*  
*2/26*

RECEIVED  
01 FEB 26 PM 12:54  
DIVISION OF CORPORATION