

JAN 24 2005 15:07 CT CORPORATION
Division of Corporations
Page 1 of 1

B990000000251

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.

(((H05000019511 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

LIMITED PARTNERSHIP REINSTATEMENT

O.R. GOLF PARTNERS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,923.75

Electronic Filing Menu

Corporate Filing

Public Access

RECEIVED
05 JAN 25 AM 8:22
DIVISION OF CORPORATION
2004 JAN 24 PM 1:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2p

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 JAN 24 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 899 00000 261			
1. Name of Limited Partnership REINSTATEMENT 2003-2005 O.R. Golf Partners, LTD.			
2. Principal Office Address 100 Anchor Drive Suite, Apt. #, etc. 459 City & State Key Largo Zip 33037 Country USA		3. Mailing Office Address 100 Anchor Drive Suite, Apt. #, etc. 459 City & State Key Largo Zip 33037 Country USA	
4. Date Formed or Registered To Do Business in Florida 06/24/1999		5. FEE Number 061476398 Applied For ☒ Not Applicable	
6. CERTIFICATE OF STATUS DEMAND ☐ (See instructions on back of form)			
7a. Capital Contributions as shown on Record \$100.00		7b. Amount of Capital Contributions in FLORIDA to date	
8. Name and Address of Current Registered Agent Name RKF Holdings, Inc. Street Address (P.O. Box Number is Not Acceptable) 100 Anchor Drive Suite, Apt. #, Etc. 459 City Key Largo State FL Zip Code 33037		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 \$637.50, for which sum due this office. 2) Supplemental Fee(s): \$65.75 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 680.1051 and 680.102, 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 680.102, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10a. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10b. Registration Document Number
RKF Holdings, Inc.	100 Anchor Drive 459	Key Largo, FL 33037	89900000- 2287
REINSTATEMENT 2003-2005			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 effect 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 689, Florida Statutes.			
SIGNATURE _____		DATE 1/19/05	
Type or Printed Name of General Partner Signing Form Wladimir M. Falt		Telephone Number 212 880 6389	