

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP

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

**FILED**  
**99 MAY 25 PM 2:45**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A980000000880**

1. Name of Limited Partnership  
**LOT ZERO OF FOUR LIGHTHOUSE POINT LTD.**

DO NOT WRITE IN THIS SPACE

2. Mailing Address <b>c/o Gillespie &amp; Allison 1515 South Federal Highway Suite, Apt. #, etc. Suite 300 City &amp; State Boca Raton, Florida Zip 33432 Country Palm Beach</b>	3. Principal Office Address <b>c/o Gillespie &amp; Allison 1515 South Federal Highway Suite, Apt. #, etc. Suite 300 City &amp; State Boca Raton, Florida Zip 33432 Country Palm Beach</b>	4. Date Formed or Registered to Do Business in Florida <b>04/06/1998</b>	5. FEI Number <b>65-0828541</b> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		7. State or Country of Formation <b>FLORIDA</b>	

8a. Capital Contributions as Shown on Record <b>\$ 275,000.00</b>	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
8b. Amount of Capital Contributions in FLORIDA to date <b>\$ 275,000.00</b>	

9. Name and Address of Current Registered Agent <b>Gillespie, R. Bowen, III c/o Gillespie &amp; Allison, P.A. 1515 South Federal Highway, Suite 300 Boca Raton, Florida 33432</b>	10. If changed, new registered agent/office: Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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) \_\_\_\_\_ DATE \_\_\_\_\_

**\*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) <b>First Bankers Luxury Homes</b>	Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1515 South Federal Highway Suite 300</b>	City, State and Zip Code <b>Boca Raton, Florida 33432</b>	11a. Registration (Document Number) <b>P98003020247</b> <b>3000002892713--2</b> <b>-06/02/99--01057--012</b> <b>***1028.25 ***1028.25</b> <b>REINSTATEMENT</b> <b>3000002892713--2</b> <b>-06/02/99--01057--013</b> <b>*****6.75 *****6.75</b>
<b>500.00 437.50 88.75</b>			<b>99</b> <b>dec</b>

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  DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

CR2E039 (12/98)