

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**2001 LIMITED PARTNERSHIP REINSTATEMENT**  
**UBR**

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

FILED  
01 NOV 16 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **897000000167**

1. Name of Limited Partnership  
**Aspen Lakes Limited Partnership**

2. Principal Office Address  
**4288 Pond Apple Dr.**  
Suite, Apt. #, etc.  
City & State  
**Naples FL**  
Zip Country  
**34119 USA**

3. Mailing Office Address  
**Same**  
Suite, Apt. #, etc.  
City & State  
**Same**  
Zip Country  
**Same Same**

4. Date Formed or Registered To Do Business in Florida  
**04/02/97**

5. FEI Number  
**38-235-1565**

Applied For  
Not Applicable

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

7a. Capital Contributions as shown on Record:  
**\$0.00**

7b. Amount of Capital Contributions in FLORIDA to date:  
**\$0.00**

8. Name and Address of Current Registered Agent  
Name  
**LEAVITT, MARK ESQ. A. S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4288 Pond Apple Dr.**  
**6095 Linnest Beach Road**  
Suite, Apt. #, Etc.  
City  
**Apopka Naples**  
State  
**FL**  
Zip Code  
**34119 32703**

**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.

SIGNATURE (Registered Agent Accepting Appointment) **A S Leavitt** DATE **11-12-01**

**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
<b>LEAVITT, Alfred S.</b>	<b>4288 Pond Apple Dr.</b>	<b>Naples FL 34119</b>	<b>900004714159-4</b> <b>-12/07/01-01036-017</b> <b>****141.25 ****141.25</b>

**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.

SIGNATURE **A S Leavitt** DATE **11-10-01**

Typed or Printed Name of General Partner Signing Form **A S LEAVITT** Telephone Number **941 591 0088**

FILED

01 NOV 16 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**WILSON, LEAVITT & SMALL**

A Professional Association

437 N. MAGNOLIA AVENUE  
ORLANDO, FLORIDA 32801-1524

Telephone: (407) 843-4321  
Facsimile: (407) 423-1505

November 14, 2001

Florida Department of State  
Registration Section  
Division of Corporations  
Katherine Harris, Secretary of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Aspen Lakes Limited Partnership  
Document No.: B97000000167

Dear Division of Corporations:

On November 12, 2001, an officer with the Aspen Lakes Limited Partnership contacted your office to inquire about the penalty fee for the late submittal of its 2001 Limited Partnership Annual Report/Uniform Business Report. Your office indicated that this penalty could be waived due to the fact that Aspen Lakes Limited Partnership never received the annual form to submit its report and payment. By this letter, please take notice that as the registered agent and counsel for Aspen Lakes Limited Partnership, I never received any documentation concerning the annual report until I received your Notice of Intent to Revoke.

Aspen Lakes Limited Partnership has included the following items in this package: 1) a completed form for limited partnership reinstatement; 2) a check in the amount of \$141.25 [\$52.50 filing fee and \$88.75 supplemental fee] and 3) this letter indicating that Aspen Lakes never received the original documentation. Aspen Lakes is submitting the reinstatement form due to the fact that it does not have, nor never received a 2001 form related to timely filing. If this form is unacceptable, please send me the acceptable form and Aspen Lakes will return it immediately.

Thank you for your understanding of the delivery problems related to the original annual form. Should you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,

*Mark R. Leavitt*

Mark R. Leavitt, Esquire



copy  
duplicate

4288 Pond Apple Drive North  
Naples, FL 34119  
Phone 941.591.0088 Fax 941.566.3431

November 14, 2001

Florida Department of State  
Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Subject: ASPEN LAKES LIMITED PARTNERSHIP**

**DOCUMENT NUMBER B97000000167**

To Whom It May Concern:

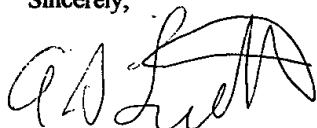
The attorney, who is also the agent, for Aspen Lakes Limited Partnership forwarded the copy of a Certificate of Revocation and explanation for the subject limited partnership. The certificate of authority was revoked for failure to file the 2001 annual report. The attorney states that he did not receive the form.

Michelle at your 850-245-6051 number said that a letter from our attorney explaining the situation would remedy the situation. Please find enclosed:

- Letter from attorney certifying that he did not receive the report at his address, which was the mailing office address for the year 2001.
- Florida Department of State reinstatement form for limited partnership
- Fees (Supplemental fee in the amount of \$88.75 and the filing fee in the amount of \$52.50 for a total of \$141.25.)

Thank you for your assistance in correcting this matter.

Sincerely,



ASPEN LAKES LIMITED PARTNERSHIP  
BY A. S. Leavitt, General Partner

*Copy  
duplicate*