

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

2001 DEC 28 PM 12:51

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # B 94 000000183

**1. Name of Limited Partnership**

Atlantic Properties Associates,  
Limited Partnership

**2. Principal Office Address**

3707 Thornapple Street

Suite, Apt. #, etc.

City & State

Chevy Chase, MD

Zip

20815

Country

USA

**3. Mailing Office Address**

2 Eaton Street

Suite, Apt. #, etc.

1100

City & State

Hampton, VA

Zip

23669

Country

USA

**4. Date Formed or Registered  
To Do Business in Florida**

May 24, 1994

**5. FEI Number**

54-1698414

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:**

\$2.00

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

\$2.00

**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): \$68.75 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.

**8. Name and Address of Current Registered Agent**

Name

Candis Trusty

Street Address (P.O. Box Number is Not Acceptable)

9130 S. Dadeland Blvd.

Suite, Apt. #, Etc.

1225

City

Miami

State

FL

Zip Code

33156

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)

*Candis Trusty*

DATE

**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)**

Atlantic Properties  
Trust, Inc.

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

2 Eaton Street  
Suite 1100

City, State and Zip Code

Hampton, VA 23669

**10a. Registration  
Document Number**

F94 000002 707

100004778391--4

-01/16/02--01061--007

\*\*\*4488.75 \*\*\*4488.75

**REINSTATEMENT**

95-01

100004778391--4

-01/16/02--01061--008

\*\*\*\*\*8.75 \*\*\*\*\*8.75

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

Aubrey L. Layne, Jr., Vice President, Atlantic  
Properties Trust, Inc.

DATE 12/21/01

Typed or Printed Name of General Partner Signing Form

Telephone Number (757) 896-3400

CR20038 (9/00)