

# A00000001510

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Name of Limited Partnership

Kings Mill Limited Partnership

**2. Principal Office Address**

BalaPointe Office Centre, 111 Presidential Blvd.

Suite, Apt. #, etc.

Suite 249

City & State

Bala Cynwyd, PA

Zip

19004

Country

USA

**3. Mailing Office Address**

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

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

10/03/200

**5. FEI Number**

None

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 Report:**

\$2,300,000.00

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

**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 due.

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)

*Korn A. Rehler*

DATE

10/21/05

**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)**

CMS/Kings Mill, LP

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

111 Presidential Blvd., Suite 249

**City, State and Zip Code**

Bala Cynwyd, PA 19004

**10a. Registration  
Document Number**

B00000000306

800061263068  
11/08/05--01052--019 \*\*263

**REINSTATEMENT 2001-2005**

**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)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) 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

*Richard A. Kwatt*

DATE

10/20/05

Typed or Printed Name of General Partner Signing Form

Richard A. Kwatt, VP of Corp. GP

Telephone Number

215-246-3053

FILED  
OCT 22 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E039 (8/05)

October 21, 2005

FILE COPY  
A000000001510

Division of Corporations  
Attn: Partnership Section  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Kings Mill Limited Partnership**

Dear Division of Corporations:

Enclosed is a form of Limited Partnership Reinstatement along with a check for \$2,631.25.

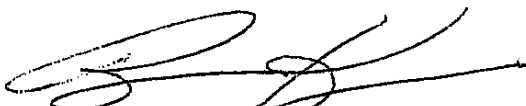
In four years, we have never received a Notice of Annual Report or a Notice of Intent to Dissolve this entity as is evident from the minimal filings on record. We will certainly make sure to file the annual report going forward. However, since proper notice was not given, we should not be responsible for the payment of late fees. As such, I have enclosed a check only for the amount of fees due (not including any late fees) which amounts to \$2,631.25.

Please call me if you have any questions. If I do not hear otherwise, I will assume that this entity will be immediately reinstated.

Thank you.

Sincerely,

CMS COMPANIES



Richard A. Kwait  
Counsel



Direct Dial: (215) 246-3053  
Email: rak@cmsco.com

RAK/dtr

**CMS**

CMS COMPANIES

1926 ARCH STREET  
PHILADELPHIA, PA  
19103-1484

TELEPHONE:

(215) 246-3000

FAX: (215) 246-3003

cmsco@cmsco.com

CAPITAL MANAGEMENT  
SYSTEMS, INC.

CMS

INVESTMENT RESOURCES, INC.  
Securities offered through  
MS Investment Resources, Inc.  
Member NASD

CMS FUND ADVISERS, INC.