1083

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

3. Mailing Office Address

Suite, Apt. #, etc.

7901 Campbell Road

DOCUMENT # A0000002027

1. Name of Limited Partnership

2. Principal Office Address

Suite, Apt. #, etc.

7901 Campbell Road

SBJ ASSOCIATES, LTD.

FILED

01 OCT 31 PM 12: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4. Date Formed or Registered To Do Business in Florida

5. FEI Number

12-27-00

X Applied For

| 人一樣 | | | | | Osil99t/ | TOK | | Not Applicable |
|--|--|--|--|--|---|---|--|---|
| City & State | | City & State | | | 6. CERTIFICATE OF STATUS | DESIRED | \$8.75 Ad | ditional Fee require |
| Sarasota, FL | | Sarasota, FL | | | | DEG. (125 | for a Co | ertificate of Status |
| Zip | Country | Zip | Country | | 7a. Capital Contributions a | as shown on R | lecord: | |
| 34240 | USA | 34240 | USA | | \$36,000.00 | | | · |
| 8. Name and Address of Current Registered Agent | | | | | 7b. Amount of Capital Contributions in FLORIDA to date: \$36,000.00 | | | |
| Name | | | | | | FEES: | | |
| John A. Moran Street Address (P.O. Box Number is Not Acceptable) | | | | | 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 <u>each year due</u> this office. Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. | | | |
| 22 South Links Avenue | | | | | | | | |
| Suite, Apt. #, Etc. | | | | | | | | |
| Suite 300 | | | | 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent</u> . | | | | |
| City | | StateZip Code | | | Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate | | | |
| Sarasota | · | FL | 34236 | | and appropriate filing fee. | | | |
| agent. I am familia | ovisions of sections 620.1051 and 620. changing its registered office or registe r with, and accept the obligations of se | 192, Florida Statutes, the abouted agent, or both, in the Statute ction 620.192, Florida Statute | ve-named limited partne tle of Florida. Such chan | rship orgar ge was aut | nized or registered under the law thorized by its general partner(s). | hereby accep | Florida, sub of the appoin | mits this statement tment of registered |
| | J Agent Accepting Appointment) | 100 | V | | | DATE | 125 | 101 |
| A GENERA | L PARTNER THAT IS MUST | S A CORPORAT BE REGISTERI | ION, LIMITE[ED AND ACT |) PAR IVE W | TNERSHIP OR OT ITH THIS OFFICE | THER BU | JSINES | SS ENTITY |
| 10. Name(s) | of General Partner(s) | Address of Each | General Partner Office Box Numbers) | | City, State and Zip Code | | Oa. Do | Registration ocument Number |
| | bach and Marla K. | | | | Sarasota, FL 34240 | | | |
| | as Trustees of the bach Revocable ated 9-4-99 | | | | 10000 -11. *** | /09/01- | -01053 | 11——3 5007 •*340.75 |
| Schlabach, the Marla K Revocable T | hlabach and Larry as Co-Trustees of . Schlabach rust u/a dated | 7901 Campbel | 1 Road | Sara | asota, FE 34240 | | | |
| 9-14-99 | | | | | | | | |
| Note: Gener | I partners MAV NOT 6 | o observed at the | - f | | | | ····A | |
| | al partners MAY NOT b | | | | | | | |
| on this annual re | fy that the information supplied with thin in any liability of non-compliance with S port is true and accurate and that my s ed to execute this report as required by | ionature shall have the same | lenal effects as if made | the exemp opplied is d under oath | otion stated in Section 119.07(3)(i leemed exempt from public access. I further certify that I am a General |), Florida Statut ss. i further cert eral Partner of th | es. I release lify that the in ne limited pa | the Division of nformation indicated rtnership, receiver or |