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APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Kathleen Grady
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A01210

1. Name of Limited Partnership
Rensacola Associates

FILED
09 AUG 11 AM 8:42
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Mailing Address
2690 Crooks Rd.
Suite, Apt #, etc. Suite 400
City & State Troy, MI
Zip 48084 Country U.S.A.

3. Principal Office Address
2690 Crooks Rd.
Suite, Apt #, etc. Suite 400
City & State Troy, MI
Zip 48084 Country U.S.A.

4. Date Formed or Registered To Do Business in Florida 11/30/1970

5. FEI Number 38-6169706 Applied For Not Applicable

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

7. State or Country of Formation MI

8a. Capital Contributions as Shown on Record \$293,221.00

8b. 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 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.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office FF# 526.25

Name Tom Rodgers
Street Address (P.O. Box Number is Not Acceptable) 1101 Gulf Breeze Parkway Box #188
Suite, Apt #, etc. Suite 120
City Gulf Breeze FL Zip Code 32561

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) Tom Rodgers DATE 5/27/99

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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Robert B. Aikens	2690 Crooks Road Suite 400	Troy, MI 48084	7000002892507--4 -07/13/99--01005--001 ****136.25 ****136.25
William R. Aikens	2690 Crooks Road Suite 400	Troy, MI	7000002892507--4 -08/10/99--01020--001 ****337.50 ****337.50
			7000002892507--4 -06/02/99--01052--002 ****105.00 *****52.50

5-11-99

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 Robert B. Aikens DATE May 25, 1999

Typed or Printed Name of General Partner Signing Form Robert B. Aikens Telephone Number 248-362-1370

CR2E039 (12/98)