

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 DEC 19 AM 8:39

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # **A02000000503**

1. Name of Limited Partnership

**CMS Oakleigh  
Associates, Limited Partnership**

2. Principal Office Address

**One Bala Plaza**  
Suite, Apt. #, etc.

**Suite 412**

City & State

**Bala Cynwyd, PA**

Zip

**19004**

Country

**USA**

3. Mailing Office Address

**One Bala Plaza**  
Suite, Apt. #, etc.

**Suite 412**

City & State

**Bala Cynwyd, PA**

Zip

**19004**

Country

**USA**

4. Date Formed or Registered  
To Do Business in Florida

**4/4/02**

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 Record:

**\$1,393,000.00**

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.

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

Name

**CT Corporation System**

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

**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City

**Plantation**

State

**FL**

Zip Code

**33324**

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.

**VickiAnn Owens**

**Special Assistant Secretary**

DATE

**10/30/03**

SIGNATURE (Registered Agent Accepting Appointment)

*VickiAnn Owens*

**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

**CMS Oakleigh Partners,  
L.P.**

**40 CMS Affiliated  
Partnerships**

**One Bala Plaza**

**Suite 412**

**Bala Cynwyd, PA**

**19004**

**B02000000118**

**000026138260**

**01/06/04--01044--007 \*\*526.25**

**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

DATE

**11/4/03**

Typed or Printed Name of General Partner Signing Form

**Richard Kwiat, Authorized Signatory**

Telephone Number

**215-246 3000**

CR2E039 (9/03)

272

December 12, 2003

FILED

2003 DEC 19 AM 8:39

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Mr. Bryan

**Re: Certificate of Reinstatement of CMS Oakleigh Parcels  
Associates, Limited Partnership**

Dear Mr. Bryan:

**CMS**

CMS COMPANIES  
1926 ARCH STREET  
PHILADELPHIA, PA  
19103-1484  
TELEPHONE:  
(215) 246-3000  
FAX: (215) 246-3083  
cmsco@cmsco.com

CAPITAL MANAGEMENT  
SYSTEMS, INC.

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

CMS FUND ADVISERS, INC.

Thank you for our conversation on Wednesday, December 10<sup>th</sup> relating to the Certificate of Reinstatement of CMS Oakleigh Parcels Associates, Limited Partnership which was initially delivered to the Department of State on November 14, 2003. Such Certificate was recently returned to my attention for failure to enclose a \$500 late fee. As I mentioned to you, it was my understanding that such late fee would be waived due to the fact that we did not receive the initial notice of revocation from the Department and were not made aware of the fact that our filing had not been received. In light of the foregoing, I am re-sending the Certificate of Revocation and check for reinstatement for CMS Oakleigh Parcels Associates, Limited Partnership and requesting that the Department kindly waive the late fee and reinstate CMS Oakleigh Parcels Associates, Limited Partnership.

Thank you for your attention to this matter and I look forward to receiving verification of reinstatement.

Very truly yours,

CMS INVESTMENT RESOURCES, INC.



Richard A. Kwait  
Counsel

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