

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 6:23

DOCUMENT # A02000000679

1. Name of Limited Partnership

Emeritus, Ltd., as trustee, LLLP

2. Principal Office Address

6940 Golden Gate Pkwy

Suite, Apt. #, etc.

City & State
Naples FL

Zip
34105

Country
us

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Formed or Registered
To Do Business in Florida

May, 2002

5. FEI Number

73 1649169

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:

\$7,500.00

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)

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)

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

City, State and Zip Code

10a. Registration
Document Number

M. Segall (Mort)

6940 Golden Gate

Naples FL 34105

Cheryl Lamkins

6940 Golden Gate

Naples FL 34105

(Cheryl Lamkins)

REINSTATEMENT

2003
Cheryl

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

Typed or Printed Name of General Partner Signing Form M. Segall 854866101

Telephone Number

FROM :

FAX NO. :

Jan. 05 2004 05:58PM P2

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SEGALL LAW OFFICES

ILLINOIS:

P.O. Box 5741
Vernon Hills, IL 60061
Phone: 866-354-8101

FLORIDA:

P.O. Box 10191
Naples, FL 34101
Phone: 888-446-4274

October 23, 2002

Att: Brenda Tadlock
Corporation Division
Secretary of State
409 East Gaines Stree
Tallahassee FL 32399

re: Limited Partnership Reinstatement:
Emeritus, Ltd., as trustee, LLLP
Doc #A02000000679

Dear Brenda,

As per our recent phone conversation, I am enclosing the reinstatement form and our check for \$141.25 since we did not receive any notice prior to the revocation.

If you have any questions, please call us at 866-354-8101.

Thank you for your continued cooperation and assistance.

Sincerely,


M. Segall