

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY -6 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001214

1. Name of Limited Partnership
University Village at Melbourne LLP

2. Principal Office Address - No P.O. Box #
3502 D'Avinici Way
Suite, Apt. #, etc.

3. Mailing Office Address
3502 D'Avinici Way
Suite, Apt. #, etc.

City & State
Melbourne, FL

City & State
Melbourne, FL

Zip Country
32901 USA

Zip Country
32901 USA

8. Name and Address of Current Registered Agent

Name
Elena Manfredi

Street Address (P.O. Box Number is Not Acceptable)
3502 D'Avinici Way
Suite, Apt. #, Etc.

City
Melbourne

FL Zip Code
32901

9. Pursuant to the provisions of section 620.1610 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment) Elena Manfredi DATE 5/3/11
(REGISTERED AGENT MUST SIGN)

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 |
|-------------------------------------|--|--------------------------|-----------------------------------|
| University Village at Melbourne LLC | 3502 D'Avinici Way Melb, FL 32901 | | L03000031974 |

09-11
REINSTATEMENT
OK 5-9-11

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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. I am aware that the information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE [Signature] DATE 5/3/11
Typed or Printed Name of General Partner Signing Form Amram Adar Telephone Number 321-984-9033

900207272119
05706/11--01002--021 **3000.00

CR2E039 (1/11)

4. Date Formed or Registered To Do Business in Florida 8/25/03

5. FEI Number 03-0527064 Applied For Not Applicable

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

7. FEES:
Filing Fee(s): \$411.25 for each year due this office.
Supplemental Fee(s): \$88.75 for each year due this office.
Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

E-mail Address:
thevillageatmelbourne@gmail.com
E-Mail address to be used for future annual report notices.