

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED PARTNERSHIP REINSTATEMENT**



**A04552**

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FILED**  
02 JAN 17 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** A04552  
1. Name of Limited Partnership  
Don Ce Sar Resort Hotel, Ltd.  
9/28/2001

<b>2. Principal Office Address</b> 280 Trumbull Street Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 900 Cottage Grove Road Suite, Apt. #, etc. W-15	
City & State Hartford, CT		City & State Hartford, CT	
Zip 06103	Country USA	Zip 06152-5015	Country USA

**4. Date Formed or Registered To Do Business in Florida** 10/22/1975

<b>5. FEI Number</b> 59-1636913	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

**6. CERTIFICATE OF STATUS DESIRED**

**7a. Capital Contributions as shown on Record:** \$50,000,000

**7b. Amount of Capital Contributions in FLORIDA to date:** \$34,279,767

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

Name  
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City Plantation	State FL	Zip Code 33324
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**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 delinquent.

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) Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY DATE 1/14/02

**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
Rosado Grande, Inc.	280 Trumbull Street	Hartford, CT 06103	F96000002757 100004793931-8 -01/24/02--01028--004
Don Ce Sar Holdings, LLC Adm - 1,000.00 AR - 875.00 ARsupp 177.50 <u>2,052.50</u>	1950 Stemmons Freeway Suite 6001	Dallas, TX 75209	***1026.25 ***1026.25 M00000001077 100004793931--8 -01/24/02--01028--004 ***1026.25 ***1026.25

**REINSTATEMENT 2001-2002**

**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 Susan L. Cooper, Secretary of Rosado Grande, Inc. DATE 1/10/01  
Rosado Grande, Inc. - By: Susan L. Cooper, Sec. Telephone Number (860) 226-5686