

To: FL Dept of State
Subject: 000928.121342.1

From: Kim Weidenbach

Thursday, March 11, 2010 4:54 PM Page: 1 of 3

Division of Corporations

<https://efile.sosbiz.org/efile/filcovr.exe>

A05000001015

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

000928.121342.1

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LP/LLP REINSTATEMENT

**ADRIAN DEVELOPMENT AT PEBBLE WALK PARTNERSHIP,
LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$2,000.00

**Client did not receive prior notices
Please waive
penalty fee
\$1000.00*

**File First
File before
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Corporate Filing Menu

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EXAMINER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A05000001015			
1. Name of Limited Partnership Adrian Development at Pebble Walk Partnership LLLP			
2. Principal Office Address - No P.O. Box 2 c/o GlassRatner Advisory & Capital Group LLC		3. Mailing Office Address 805 Third Avenue	
4. City, State, Zip 799 Brickell Plaza, Suite 701		5. City, State, Zip 14th Floor	
6. City & State Miami, FL		7. City & State New York, NY	
8. Zip 33131	Country	9. Zip 10022	Country
10. Name and Address of General Registered Agent GlassRatner Advisory & Capital Group LLC 799 Brickell Plaza Suite 701 Miami			
11. State FL			
12. Zip Code 33131			
13. Date Formed or Registered To Do Business in Florida 5/20/2005			
14. Filing Number 202982328			
15. Applied For ☐ Not Applicable			
16. CERTIFICATE OF STATUS DESIRED ☐ YES ☐ NO			
17. FEES: Filing Fee(s): \$411.00 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$800 for each year or part thereof that partnership revoked on our records. ☒ A \$800 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notice. By checking this box, you are certifying the prior notice was not received and requesting the \$800 penalty fee(s) be waived.			
18. I, the undersigned, being a resident of this State, do hereby accept the appointment of the undersigned as the registered agent of the above partnership, and accept the obligations of Chapter 605, Florida Statutes. Margaret J. Smith DATE 3-10-10			
19. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
20. Name(s) of General Partner(s)	21. Address of Each General Partner (Do NOT Use P.O. Box or Mailing Address)	22. City, State and Zip Code	23. Registration Document Number
Adrian Development at Pebble Walk Management	4000 Ponce De Leon Blvd #770	Miami, FL 33146	P05000073904
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
24. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions established in Chapter 119, Florida Statutes. I warrant the Division of Corporations that any failure of compliance with Chapter 119, F.S. to the extent that the information supplied is deemed exempt from public access. I further warrant that the information submitted on this document is true and accurate and that any signature submitted on this document is the signature of the person named in the document, and that the person named in the document is the person named in the document, and that the person named in the document is the person named in the document.			
SIGNATURE _____ DATE _____			
Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

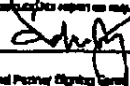
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A05000001015			
1. Name of Limited Partnership Adrian Development at Pebble Walk Partnership LLLP			
2. Principal Office Address - No P.O. Box c/o GlassRatner Advisory & Capital Group LLC		3. Mailing Office Address 805 Third Avenue	
Suite, Apt. #, etc. 799 Brickell Plaza, Suite 701		Suite, Apt. #, etc. 14th Floor	
City & State Miami, FL		City & State New York, NY	
Zip 33131	Country	Zip 10022	Country
4. Date Formed or Neglected To Do Business in Florida 5/20/2005			
5. Date of Filing 202982328		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$475 (Non-Delivering Out of State Corporations Only)			
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$68.75 for each year due this office. Penalty Fee(s): \$800 for each year or part thereof limited partnership revoked on our records. ☒ A \$800 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notice. By checking this box, you are certifying the prior notice was not received and requesting the \$800 penalty fee(s) be waived.			
8. Name and Address of Current Registered Agent GlassRatner Advisory & Capital Group LLC 799 Brickell Plaza Suite 701 Miami, FL 33131			
9. Pursuant to the provisions of sections 602.1070 or 602.1071, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 602, Florida Statutes.			
SIGNATURES (Registered Agent Accepting Appointment) _____ (AUTHORIZED AGENT MUST SIGN) _____ DWS			
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	100. Registration Document Number
Adrian Development at Pebble Walk Management	4000 Ponce De Leon Blvd #770	Miami, FL 33146	P05000073904
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 entity is voluntarily furnished and does not qualify for the 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 furnished is deemed accurate upon public access, I further certify that the information included on this record report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receive or receive compensation in any capacity as mentioned by chapter 602, Florida Statutes.			
SIGNATURE 		DATE 03/25/10	
Typed or Printed Name of General Partner Signing Sudhin Roy		Telephone Number 917-338-1259	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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