

**A-05000001430**

Florida Department of State  
Division of Corporations  
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## To:

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**FILED**  
09 JUN 30 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**LP/LLLP REINSTATEMENT****LAKE TRAVIS PARTNERS, LTD.**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 03         |
| Estimated Charge      | \$3,000.00 |

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# FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **09 JUN 06 AM 8:24**

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT #**

1. Name of Limited Partnership

**Lake Travis Partners, Ltd.**

2. Principal Office Address - No P.O. Box #  
**875 N. Michigan Ave.**

3. Mailing Office Address

Suite, Apt. #, etc.  
**Suite 3620**

Suite, Apt. #, etc.

City & State  
**Chicago IL**

City & State

Zip  
**60611**

Country  
**USA**

Zip

Country

CR2E039 (1/07)

4. Date Formed or Registered  
To Do Business in Florida **July 20, 2006**

5. FEI Number  
**03-0565417**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required  
for a Certificate of Status

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

Name  
**E. Barry Mansur**

Street Address (P.O. Box Number is Not Acceptable)  
**76646 Captiva Drive**

Suite, Apt. #, Etc.

City  
**Captiva**

State  
**FL**

Zip Code  
**33924**

**7. FEES:**

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$98.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited  
partnership revoked on our records.

☐ A \$500 penalty is due for each year or part thereof the entity's  
certificate of authority was revoked on our records, except in  
circumstances when the entity did not receive the prior notices.  
By checking this box, you are certifying the prior notices were not  
received and requesting the \$500 penalty fee(s) be waived.

8. Pursuant to the provisions of sections 605.1810 or 605.1809 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)

*[Signature]*

Date **6/29/2006**

**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  
(On NOT Use Post Office Box Number)

City, State and Zip Code

10a. Registered  
Document Number

**Continental Realty Corporation**

**875 N. Michigan Avenue**

**Chicago, IL 60611**

**FR6000006539**

**REINSTATEMENT 07,09**

**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 fully and correctly stated and does not violate the provisions contained in Chapter 119, Florida Statutes. I declare the Division of Corporations has any liability of noncompliance with Chapter 119, F.S., as far as the information supplied is concerned except from public records. I further certify that the information supplied is true and correct to the best of my knowledge and that my signature and seal have been placed on this filing. I understand that the Division of Corporations is not responsible for the accuracy of the information supplied and that the Division of Corporations is not responsible for the accuracy of the information supplied.

SIGNATURE

*[Signature]*  
**Austin C. Mansur, V.P., Continental Realty**

Date

**6/28/06**

Typed or Printed Name of General Partner (Signing Agent)

Corporate Number

**3122632400**