


2007 LIMITED PARTNERSHIP REINSTATEMENT

H07000113799 3

DOCUMENT # A05000001468			
1. Entity Name BHA ASSOCIATES, LIMITED			
Principal Place of Business 1153 98TH STREET BAY HARBOR ISLANDS, FL 33154		Mailing Address 1153 98TH STREET BAY HARBOR ISLANDS, FL 33154	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O SWITZENBAUM & ASSOCIATES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 200 S. Broad St. 6th FL	
City & State		City & State PHILA, PA	
Zip	Country	Zip	Country
		19102	
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. 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 <i>Heather Chapman</i>		Heather Chapman as its agent	
Signature, typed or printed name of registered agent and fee if applicable. (REGISTERED AGENT MUST SIGN)		DATE	
FILE NOW!!! FEE IS \$1000.00		In accordance with s. 807.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000096782	STREET ADDRESS	C/O SWITZENBAUM & ASSOCIATES
NAME	BHA GP, INC.	CITY-ST-ZIP	200 S. Broad St. 6 th FL, PHILA, PA 19102
STREET ADDRESS	1153 98TH STREET		
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME	DB	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		Date: 4/10/07 Daytime Phone #: 215-792-1100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Heather v 2908

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TALLAHASSEE, FLORIDA

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BHA ASSOCIATES, LIMITED

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