

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -2 PM 2:49

DOCUMENT # A05917

1. Name of Limited Partnership

College Park Towers, Ltd, LLLP

05/02/06--01003--010 **4210.00

CR2E039 (11/05)

2. Principal Office Address
10700 SW 109 CT

3. Mailing Office Address
1172 South Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

369

City & State

Miami, FL

City & State

Coral Gables, FL

Zip

33176

Country

USA

Zip

33146

Country

USA

4. Date Formed or Registered
To Do Business in Florida 08/12/1977

5. EFT Number
591797750

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

Name
Linda Murphy

Address (P.O. Box Number is Not Acceptable)
3575 Battersea RD

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33133

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

9. Pursuant to the provisions of section 620.1810 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)

(REGISTERED AGENT MUST)

DATE

**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
Linda F. Murphy	3575 Battersea Rd	Miami, FL 33133	
			500073545385 05/02/06--01003--010 **4210.00

REINSTATEMENT 2003-06

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 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.

SIGNATURE

DATE

Telephone Number (305) 661 8195

Typed or Printed Name of General Partner Signing Form

Linda F. Murphy