

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -3 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000000174

1. Name of Limited Partnership

Lakeshore Atlanta Apartments LLLP

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box #
3700 Airport Road

3. Mailing Office Address
3700 Airport Road

Suite, Apt. #, etc.
Suite 404

Suite, Apt. #, etc.
Suite 404

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33431

Country

Zip
33431

Country

4. Date Formed or Registered
To Do Business in Florida **Florida**

5. FEI Number
20-4202779

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
Lawrence B. Steinberg

Street Address (P.O. Box Number is Not Acceptable)
2650 N. Military Trail

Suite, Apt. #, Etc.
Suite 404

City
Boca Raton

State
FL

Zip Code
33431

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.

☒ 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certificate of authority was revoked on our records, except in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 which 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.

9. Pursuant to the provisions of section 620.1810 or 620.1809, 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)

(REGISTERED AGENT MUST SIGN)

DATE

12/2/08

**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 |
|--|---|--------------------------|--------------------------------------|
| Lakeshore GP I LLC | 3700 Airport Road, Suite 404 | Boca Raton, FL 33431 | M06000001883 |
| 600138445626 12/04/08--0104--004 **\$500.00 | | | |

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

Agent for Lakeshore Atlanta Apartments LLLP

DATE

11-26-08

Typed or Printed Name of General Partner Signing Form

Per **Lakeshore Atlanta Apartments LLLP**

Ronald Eisenberg

Telephone Number

561-347 7775

Sole Member