

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A07000001052

1. Name of Limited Partnership

Sawgrass Limited Partnership NO.2, L.P.

2. Principal Office Address - No P.O. Box #  
4700 Millenia Blvd.

3. Mailing Office Address  
600 E. 96th St.

Suite, Apt. #, etc.  
Suite 380

Suite, Apt. #, etc.  
Suite 100

City & State  
Orlando FL

City & State  
Indianapolis IN

Zip  
32839

Country  
USA

Zip  
46240

Country  
USA

CR2E039 (1/07)

4. Date Formed or Registered  
To Do Business in Florida 09/06/2007

5. FEI Number

Applied For

☒ Not Applicable

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

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

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State Zip Code  
FL 33324

**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certificate of authority was revoked on our records, except in  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 620.1900, 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)

Kimberly Breunling  
Assistant Secretary

DATE 2/18/2010

**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

Duke Realty Limited Partnership

600 E. 96th St., Suite 100

Indianapolis, IN 46240

B99000000219

300170579789  
02/25/10--01042--018 \*\*1500.00

**REINSTATEMENT**

08/10  
AC

**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 2/18/10

Typed or Printed Name of General Partner Signing Form

Ann C. Dee, Senior Vice President

Telephone Number

847.232.5408