

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001-2003 LIMITED PARTNERSHIP REINSTATEMENT *UBR*



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 2003 JAN 13 PM 4:30 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

DOCUMENT # A16629

1. Name of Limited Partnership Florida Properties Limited Partnership

2. Principal Office Address 9995 Sunset Drive Suite 108 Miami, Florida 33173
3. Mailing Office Address 9995 Sunset Drive Suite 108 Miami, Florida 33173

4. Date Formed or Registered To Do Business in Florida 3/19/84

5. FEI Number 59-2338497 Applied For Not Applicable

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

7a. Capital Contributions as shown on Record: \$250,000

7b. Amount of Capital Contributions in FLORIDA to date: \$250,000

8. Name and Address of Current Registered Agent Name Elliott Associates Realty Street Address 9995 Sunset Drive Suite 108 City Miami State FL Zip Code 33173

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Table with 4 columns: 10. Name(s) of General Partner(s), Address of Each General Partner, City, State and Zip Code, 10a. Registration Document Number. Includes Peter Kreeger with address 25115 Old Hundred Road, Comus, MD 20842 and registration details.

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Peter Kreeger DATE 1/6/03 TYPED OR PRINTED NAME OF GENERAL PARTNER SIGNING FORM PETER KREEGER TELEPHONE NUMBER (301) 407-0070

CR2E038 (10/02)

20ja

LAW OFFICES OF  
**MATT D. GOLDMAN, P.A.**  
SUITE 203  
1450 MADRUGA AVENUE  
CORAL GABLES, FLORIDA 33146  
TELEPHONE (305) 668-8875  
FAX (305) 668-8873

FILED  
2003 JAN 13 PM 4:30  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

January 6, 2003

VIA FEDERAL EXPRESS  
8290-5627-2123

Division of Corporations  
Attention: Partnership Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Florida Properties Limited Partnership Document A16629

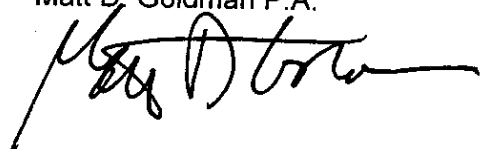
Dear Madam or Sir:

Please be advised the undersigned represents the above named Limited Partnership. I am enclosing a fully executed reinstatement form for the Partnership along with my client's check in the amount of \$1,578.75 to cover the missing Uniform Business Reports for the year of 2001, 2002 and 2003. I am requesting in behalf of my client a waiver of the \$500.00 penalty for each of these years. The basis for this request relates to the fact that my client never received the Uniform Business Reports for these years as it had changed its address from 9995 Sunset Drive, Miami, Florida to 8854 S.W. 129<sup>th</sup> Terrace, Miami, Florida. Apparently, the US Postal Service failed to forward the UBRs for these years to the new address and, as a consequence, my client never received them. As a result, they were never filed with your office. Additionally, I am enclosing an Amendment for the changing of the name of the Limited Partnership from Florida Properties L.P. to Florida Properties of Margate L.P. as I understand that there is another entity with a similar name which would preclude the reinstatement of my client under its old name. Lastly, I am enclosing my check in the amount of \$8.75 for a Certificate of Status reflecting the reinstatement and good standing of the limited partnership and the change of the name of the Limited Partnership as requested.

Thank you for your kind assistance and should you require anything further please do not hesitate to contact me.

Very truly yours,

Matt D. Goldman P.A.



Matt D. Goldman, Esquire

Enclosures  
MDG:jsg  
c:mydocs/temp f/fp.010603