

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sandra B. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 16 PM 1:54

A25948

DOCUMENT #

1. Name of Limited Partnership

ARE TALLAHASSEE LIMITED PARTNERSHIP

4/18/97

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

P.O. Box 6481

Suite, Apt. #, etc

City & State

Wymissing, PA

Zip

19610

Country

3. Principal Office Address

4100 Spring Rd., 1900 Spring Rd.

Suite, Apt. #, etc

Suite 501

City & State

Oak Brook, IL

Zip

60523

Country

4. Date Formed or Registered To Do Business in Florida

5. FEI Number

23-2491344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation

8a. Capital Contributions as Shown on Record:

\$300,000.00

8b. Amount of Capital Contributions in FLORIDA to date

\$80,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$103.75 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Kathy A. Metzger
c/o Kohl, Metzger & Spotts, P.A.
50 SE Kindred St., Ste. 107
Stuart, FL 34994

10. If changed, new registered agent/office

Name
Kathy A. Metzger
Street Address (P.O. Box Number Is Not Acceptable)
789 S. Federal Highway
Suite, Apt. #, etc
Suite 206
City
Stuart
Zip Code
FL 34994

10a. 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)

Kathy A. Metzger

DATE 04/14/98

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

11. Names of General Partner(s)

Address of Each General Partner (Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration Document Number

American Real Estate
Investment and
Development Co.

4100 Spring Rd.
1900 Spring Rd.
Suite 501
Oak Brook, IL
60523

P38383

PENALTY - 1,000.00
AR - 875.00
SUPP - 177.50
CUS - 8.75
\$2,061.25

100002497141--7

-04/22/98--01106--006

***2052.50 ***2052.50

100002497141--7

-04/22/98--01106--007

*****8.75 *****8.75

REINSTATEMENT 1997-1998

(H) (C) (U)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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

John F. Horrigan

DATE

Typed or Printed Name of General Partner Signing Form

John F. Horrigan, III

Telephone Number

630-571-9199

CR2E039 (1/97)