

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State,  
DIVISION OF CORPORATIONS

FILED  
2004 NOV 24 PM 3: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A27257

1. Name of Limited Partnership

BEAUCLERC BAY APARTMENTS LTD

2. Principal Office Address 3616 EMERSON ST		3. Mailing Office Address SAME		4. Date Formed or Registered To Do Business in Florida 10/21/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0155001	
City & State JACKSONVILLE FL		City & State		Applied For Not Applicable	
Zip 32207	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED: <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				7a. Capital Contributions as shown on Record: 100.00	
Name CHARLES A SEARS				7b. Amount of Capital Contributions in FLORIDA to date: 100.00	
Street Address (P.O. Box Number is Not Acceptable) 3616 EMERSON STREET				<b>FEES:</b> 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 <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent</u> 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.	
Suite, Apt. #, Etc.					
City JACKSONVILLE	State FL	Zip Code 32207			

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) *[Signature]* DATE 11/16/04

**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
BEAUCLERC POINTE INC	3616 EMERSON ST	JACKSONVILLE FL 32207	L75504
800043557748 12/21/04--01049--023 **1932.50 <b>REINSTATEMENT 02-04</b> <i>[Signature]</i>			

**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 *[Signature]* DATE 11/16/04  
 Typed or Printed Name of General Partner Signing Form Jack Kieser Telephone Number \_\_\_\_\_