

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

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

DOCUMENT # A2767

1. Name of Limited Partnership
Bay Lake Limited Partnership

2. Mailing Address
5312 Spring Hill Dr
City & State
Spring Hill FL
Zip
34606
Country
Hernando

3. Principal Office Address
State, Apt. #, etc.
City & State
Zip
Country

4. Date Formed or Registered
To Do Business in Florida
1-18-89

5. FEI Number
59-2960586

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

7. State or Country of Formation
FL

8a. Capital Contributions as Shown
on Record
760,000

8b. Amount of Capital Contributions in
FLORIDA to date

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): \$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 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
Jerome S. Rydell
5063 Cumberland Ln.
Spring Hill, FL 34607

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number Is Not Acceptable)
State, Apt. #, etc.
City
FL Zip Code

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) *J. Rydell* DATE 6/6/98

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
Sigma Financial VI Capital	5063 Cumberland Ln 4261 Park Rd	Spring Hill, FL 34607 Ann Arbor, MI 48103	F98000003299
REINSTATEMENT 93-98/CUS CM			300002536073--3 -05/27/98--01020--001 ***6271.25 ***6166.25 FF \$6,157.50 CUS 8.75

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)(4), 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 *J. Rydell* DATE 6/6/98

Typed or Printed Name of General Partner Signing Form Telephone Number

CR2E038 (12/97)

Tracking #: 300002536073



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