

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV 12 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A28656

1. Name of Limited Partnership

Greensboro Limited Partnership

500137745475
11/07/08--01040--007 **1000.00

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box #
1668 Checker Road

3. Mailing Office Address
1668 Checker Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Long Grove, IL

City & State

Long Grove, IL

Zip
60047

Country
US

Zip
60047

Country
US

4. Date Formed or Registered
To Do Business in Florida **4/88**

5. FEI Number
36-3567374

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

Name
William A Stetson/Sonnenschein Nath & Rosenthal LLP

Street Address (P.O. Box Number is Not Acceptable)
Phillips Point, East Tower 777 South Flagler Dr

Suite, Apt. #, Etc.

City
West Palm Beach

State
FL

Zip Code
33401

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certificate of authority was revoked on our records, except in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 620.1909, 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)

DATE

11/5/08

(REGISTERED AGENT MUST SIGN)

**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
Sigmund Lefkovitz	669 Dundee Road	Glencoe, IL 60062	
<div>L. SELLERS NOV 13 2008 EXAMINER</div> <div>REINSTATEMENT 07-08</div>			

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

11/4/08

Typed or Printed Name of General Partner Signing Form

Sigmund Lefkovitz

Telephone Number

847-229-3400