## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
<b>PARTNERSHIP</b>
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 MOV - 6 AM 8: 00

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DOCUMENT # A29793					SECRETARY OF STATE			
1. Name of Limited Partnership					TALLAHASSEE, FLORIDA			
Country Lak	ke Apartments, L	TD						
2. Principal Office Address 3. Mailing Office Address					Tanada Danibad			7
2985 Ave. G N.W.		2985 Ave. G			4. Date Formed or Registered To Do Business in Florida 3-16-1990			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number 59-3006288		Applied For Not Applicab	le
City & State		City & State		6. CERTIF	ICATE OF STATUS DESI		Additional Fee requi	
Winter Haven, FL		Winter Haven	, FL		:		a Certificate of Statu	
Zip Country		Zip Country		7a. Capi	78. Capital Contributions as shown on Record: \$100.00			
33880	USA	33880	USA	7b. Am	unt of Capital Contribut	dions in FLORIDA to date:		
8. Name and Address of Current Registered Agent					\$100.00			
Robert O. Sammons					1.) Fiting Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum fiting 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 catedar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Notic: if the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate			
Street Address (P.O. Box Number is Not Acceptable)  1550(8th St. N.E. 1556 (the Street SE								
Suite, Apt. #, Etc.								
City State Zip Code								
Winter Hav	ven,	FL FL	33880		propriate filing fee.	ISI DIE STIDMILLEO 8		
for the purpose of char	ions of sections 620.1051 and 62 inging its registered office or regis th, and accept the obligations of	stered agent, or both, in the State	of Florida. Such change	ship organized or register a was authorized by its g	red under the laws of the peneral partner(s). I hereb	State of Florida, s by accept the appoint	submits this statement pintment of registered	C 005030 (40,000)
SIGNATURE (Registered Agent Accepting Appointment)					DAT	10-2	0-2003	0.0500
	PARTNER THAT	IS A CORPORAT			HIP OR OTH		IESS ENTITY	
10. Name(s) of G	General Partner(s)	Address of Each (Do NOT Use Post C		City, St	ate and Zip Code	10a.	Registration Document Number	
Bruce L. Parker		601 Country I	Lane N.E.	Winter Hav	inter Haven, FL 33881		A29793	
	• •		•			<del>59 -000</del>	<u> 640047 CO</u>	
۸ <u>.</u>				11.	700024416357 11/04/0301059006 ***8247.50			
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	·				.a 1 D.a	6	ioc 20x	
Note: General	partners MAY NOT	be changed on thi	s form; an am	endment mus	t be filed to ch	<b>iange</b> a ge	neral partner.	1
*11." I do hereby certify the Corporations from a on this annual report	hat the information supplied with to my liability of non-compliance with it is true and accurate and that my to execute this report as required	his filing is voluntarily furnished a Section 119.07(3)(i) in the even signature shall have the same le	and does not qualify for the that the information sup	he exemption stated in Soplied is deemed exemption	ection 11907(3)(i), Florid thom public access. I fun y that I am a General Pari	ta Statutes. I relea other certify that th oner of the limited	se the Division of e information indicated partnership, receiver or	1
CICMATINE	as icitalien	J. J. J.			enter en	15.46	Str. 1.5.	

Typed or Printed Name of General Partner Signing Form Bruce L. Parker

Telephone Number 863-294-1946