

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
Sanderson Morrill  
Secretary of State  
DIVISION OF CORPORATIONS  
**A31391**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAY 30 PM 4:19

DOCUMENT # A31391  
1. Name of Limited Partnership  
**SEVENTH AVENUE NORTH MEDICAL BUILDING, LIMITED**

2. Mailing Address  
**681 Goodlette Road**  
Suite, Apt. #, etc.  
**#150**  
City & State  
**Naples, FL**  
Zip  
**33940** Country  
**USA**

3. Principal Office Address  
**4/15/94**  
Suite, Apt. #, etc.  
City & State  
Zip Country  
4. Date Formed or Registered To Do Business in Florida  
**04/04/91**  
5. FBI Number  
**65-6073623**  
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:  
**500,000**  
8b. Amount of Capital Contributions in FLORIDA to Date  
**500,000**

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 \$62.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$136.75 for EACH YEAR due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year passed (sum 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  
**Foster L. Bullard, Jr.**  
**681 Goodlette Road #150**  
**Naples, FL 33940**

10. If changed, new registered agent/office  
Name  
**Andrew G. Siket**  
Street Address (P.O. Box Number is Not Acceptable)  
**2640 Golden Gate Parkway**  
Suite, Apt. #, etc.  
**Suite 315**  
City  
**Naples** FL Zip Code  
**34105**

10a. Pursuant to the provisions of sections 820.1061 and 820.192, 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 invited to, and accept the obligations of section 820.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Andrew G. Siket DATE \_\_\_\_\_

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

11. Name 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
Gulfshore Land Management Company	13124 White Violet Dr.	Naples, FL 34119	L45060
<p>penalty - 2,000.00 AR - 1,750.00 SUPN - 415.00 CUS - 8.75 \$ 4,173.75</p>			<p><b>400002200494--5</b> <b>-06/03/97--01112--005</b> <b>***4173.75 ***4173.75</b></p>
<p><b>REINSTATEMENT 1994-1997</b></p>			<p>(M) (CUS)</p>

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 820, Florida Statutes.

SIGNATURE Foster L. Bullard, Jr. DATE 5/29/97  
Typed or Printed Name of General Partner Signing Form Foster L. Bullard, Jr. Telephone Number 941/514-0580