| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.   |  |  |  |
|---|--|--|--|
| LIMITED<br>PARTNERSHIP<br>REINSTATEMENT   | LORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS | ىز 04  | FILED<br>L-2 PM 4:43   |
| DOCUMENT # A 31710<br>1. Name of Limited Partnership  |  | TALLANA DE FLURIDA   |  |
| 6HA COVENTRY, LTO.  |  |  | W.J.   |
|   |  |  | 712  |
|   | 3. Mailing Office Address  | 4. Date Formed or Registered<br>To Do Business in Florida  | ( 12 2 1 1 2 2 1   |
| 3755 7 <sup>th</sup> Terrace  | <u>3 755 7<sup>th</sup> Terrace</u><br>Suite, Apt. #, etc.                   | 5. FEI Number  | 6 27 1991<br>Applied For   |
| Suite 301   | Suite 301  | 650273441  | Not Applicable   |
| City & State  | City & State   | 6.<br>CERTIFICATE OF STATUS DESIRED  | \$8.75 Additional Fee required<br>for a Certificate of Status  |
| Zip Country   | Vero Beach, FL   | 7a. Capital Contributions as shown or  | n Record:  |
|   | 32960 45   | 83, 952.00<br>7b. Amount of Capital Contributions in   |  |
| 8. Name and Address of C  | urrent Registered Agent  | 83, 952, 00  |  |
| Name<br><u>Scott</u> <u>Ritchey</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>3755</u> 7 <sup>th</sup> <u>Terrace</u><br>Suite, Apt. #, Etc.<br><u>Suite</u> <u>301</u><br>City<br><u>Vero</u> <u>Beach</u><br>9. Pursuant to the provisions of sections 620, 1051 and 620, 193<br>for the purpose of changing its registered office or registere<br>agent, I am familiar with, and accept the obligations of secti   | d agent, or both, in the State of Florida. Such change was auth              | FEES<br>1.) Filing Fee(s): Computed at a rate of S<br>in 7b, with a minimum filing fee of S<br>for <u>each year due</u> this office.<br>2.) Supplemental Fee(s): \$88.75 for <u>each</u><br>with 1992 catendar year.<br>3.) Penalty Fee(s): \$500 penalty fee for in<br>Note: If the amount entered in 7b is<br>7a, a supplemental affidavit must be<br>and appropriate filing fee.<br>ized or registered under the laws of the State<br>porized by its general partner(s). I hereby acc | 77 per \$1,000 on amount entered<br>2.50 and a maximum of \$437.50,<br><u>h year due</u> this office, beginning<br>each year report form is <u>delinquent</u> .<br>greater than amount entered in<br>submitted along with a separate<br>of Florida, submits this statement |
| SIGNATURE (Registered Agent Accepting Appointment)  | 5.7 129  | DATE   | 630 04   |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY<br>MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  |  |  |  |
| 10. Name(s) of General Partner(s)   | Address of Each General Partner<br>(Do NOT Use Post Office Box Numbers)      | City, State and Zip Code   | 10a. Registration<br>Document Number   |
| 6 HA Development, Inc.  |  | 10 Beach, FL 32960<br>3000393<br>07/16/0401046   | P9600004739<br>252003<br>001 **2061.25<br>2003   |
| <ul> <li>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</li> <li>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 it made under oath. I further certify that 1 am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Forda Statutes.</li> </ul> |  |  |  |
| SIGNATURE DATE   |  |  |  |

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