A31823

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 18 AM 8:34

DOCUMENT # A31823

1. Name of Limited Partnership

Falcon Cove Associates Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Mailing Address
1650 Lake Shore Drive
Suite, Apt. #, etc
Suite 220
City & State
Columbus, Ohio
Zip: 43204 Country: USA

3. Principal Office Address
1650 Lake Shore Drive
Suite, Apt. #, etc
Suite 220
City & State
Columbus, Ohio
Zip: 43204 Country: USA

4. Date Formed or Registered To Do Business in Florida: 7/30/91

5. FEI Number
31-1327642
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: OHIO

8a. Capital Contributions as Shown on Record: $500,100.00

8b. Amount of Capital Contributions in FLORIDA to date: $100.00

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

Capital Connection, Inc.
417 East Virginia Street, Suite 1
Tallahassee, Florida 32301

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

10a. Pursuant to the provisions of sections 620.1084 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) DATE

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
Investment Resources, Inc.	1650 Lake Shore Drive Suite 220	Columbus, Ohio 43204	P34824

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***1552.50 ***1552.50

REINSTATEMENT 98 & 99

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 620, Florida Statutes.

SIGNATURE Victor G Baker DATE 8/19/98

Typed or Printed Name of General Partner, Receiver or Trustee: VICTOR G. BAKER Telephone Number: (614) 488-1133

CR2E039 (12/97)