

A32285

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED  
PARTNERSHIP  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 MAR -6 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A32285

## 1. Name of Limited Partnership

Torremolinos Associates, Ltd.

04

NPL

CR2E039 (8/05)

2. Principal Office Address  
11399 NW 7 St.3. Mailing Office Address  
9853 Old Perry Hwy.4. Date Formed or Registered  
To Do Business in Florida 12-3-1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650297820

Applied For

Not Applicable

City &amp; State

Miami, FL

City &amp; State

Wexford, PA

Zip

33172

Country

USA

Zip

15090

Country

USA

## 8. Name and Address of Current Registered Agent

Name

Suzanne A. Dockerty, Esq.

Street Address (P.O. Box Number is Not Acceptable)

110 Merrick Way

Suite, Apt. #, Etc.

3-B

City

Coral Gables

State

FL

Zip Code

33134

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

## 7a. Capital Contributions as shown on Record:

\$1,350,000.00

## 7b. Amount of Capital Contributions in FLORIDA to date:

\$1,350,000.00

## FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 due.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 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

3/2/06

**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)

Beechwood, LLC

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

9853 Old Perry Hwy

City, State and Zip Code

Wexford, PA 15090

10a. Registration  
Document Number

M03000002116

REINSTATEMENT 2004-2006

**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 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 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

3-3-06

Typed or Printed Name of General Partner Signing Form

Allen J. Cousin

Telephone Number

412-367-1020



CORPORATION SERVICE COMPANY

A32285

ACCOUNT NO. : 072100000032

REFERENCE : 901989 81624A

AUTHORIZATION :

COST LIMIT : \$ 3087.50

ORDER DATE : March 6, 2006

ORDER TIME : 10:57 AM

ORDER NO. : 901989-015

CUSTOMER NO: 81624A

3,008.75

~~3,008.75~~

BK

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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: TORREMOLINOS ASSOCIATES,  
LTD.

BK

XX REINSTATEMENT

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TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - Ext# 2959

EXAMINER'S INITIALS \_\_\_\_\_

06 MAR -6 PM 1:01  
RECEIVED  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA