

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**A32431**

**54,305.00**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 96 DEC 10 PM 1:53

DOCUMENT # **A32431**

1. Name of Limited Partnership  
**Forest Lakes Limited Partnership**

**4/2/93**

DO NOT WRITE IN THIS SPACE.

2. Mailing Address <b>266 Beacon Street</b>		3. Principal Office Address <b>266 Beacon Street</b>		4. Date Formed or Registered To Do Business in Florida <b>January 3, 1992</b>	
Suite Apt # etc		Suite Apt # etc		5. FEI Number <b>65-0302137</b>	
City & State <b>Boston, MA</b>		City & State <b>Boston, MA</b>		Applied For <input type="checkbox"/>	
Zip <b>02116</b>		Zip <b>02116</b>		Not Applicable <input type="checkbox"/>	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SB 72: Additional Fee Required for a Certificate of Status</small>	
				7. State or Country of Formation <b>Massachusetts</b>	

8a. Capital Contributions as Shown on Record <b>\$311,692.00 750,000</b>		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.	
8b. Amount of Capital Contributions in FLORIDA to date <b>\$218,184.00</b>		2.) Supplemental Fee(s): \$138.75 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 <b>John M. Dart, Esquire DART, FORD &amp; SPIVEY, P.A. 1549 Ringling Blvd. Suite 600 Sarasota, FL 34236</b>		10. If changed, new registered agent/office Name <b>JOHN M. DART</b> <b>Ruden, McClosky, Smith, Schuster &amp; Russell, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1549 Ringling Blvd.</b> Suite, Apt #, etc. <b>Suite 600</b> City <b>Sarasota</b> FL Zip Code <b>34236</b>	
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10a. I, the undersigned, in accordance with 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 \_\_\_\_\_

**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) <b>Senior Tour Players Development, Inc.</b>	Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>266 Beacon Street</b>	City, State and Zip Code <b>Boston, MA 02116</b>	11a. Registration Document Number <b>P96000006438</b>
2,000.00 1750.00 555.00 <hr/> <b>4,305.00</b>		<b>REINSTATEMENT 1993-1996</b> <b>400002028074--S</b> 12/12/86--00045-031 ***4357.50 ***4357.50 <b>400002028074--S</b> 12/12/96--01099-031 ***4357.50 ***4305.00	

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 effect 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 in accordance with Section 620.192, Florida Statutes.

SIGNATURE X By: **Stanton V. Abrams, Pres** DATE **12/4/96**  
 Senior Tour Players Development, Inc.  
 Stanton V. Abrams, President

Typed or Printed Name of General Partner Signing Form Telephone Number \_\_\_\_\_

CR2E039 (4/95)