

2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A32443

1. Entity Name
BEAR CREEK OF NAPLES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:43

Principal Place of Business
1343 MAIN STREET, 5TH FLOOR
SARASOTA, FL 34236

Mailing Address
1343 MAIN STREET, 5TH FLOOR
SARASOTA, FL 34236

2. Principal Place of Business
4255 52nd Place W
Suite, Apt. #, etc.

3. Mailing Address
4255 52nd Place W
Suite, Apt. #, etc.



03062006 REIN-LP CR2E100 (11/05)

City & State
Bradenton FL
Zip 34210 Country USA

City & State
Bradenton
Zip 34210 Country USA

4. FEI Number
59-3082124
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNAUSA, THOMAS J
4255 52nd Place W
SARASOTA, FL 34236
Bradenton, FL 34210

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G66500	STREET ADDRESS	4255 52nd Place W.
NAME	MANNAUSA DEVELOPMENT COMPANY	CITY-ST-ZIP	Bradenton FL 34210
STREET ADDRESS	4255 52nd Place W.		
CITY-ST-ZIP	Bradenton FL 34210		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900069052119
STREET ADDRESS			03/30/06--01044--005 **1008.75
CITY-ST-ZIP			REINSTATEMENT 05-06
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/6/06

94-365-1511

STAPLE CHECK HERE