

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 26 AM 9:44

DOCUMENT # A33265

1. Name of Limited Partnership

Chelsea Parc East, LTD.

2. Principal Office Address  
12800 University Drive

3. Mailing Office Address  
12800 University Drive

Suite, Apt. #, etc.  
Suite 400

Suite, Apt. #, etc.  
Suite 400

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

Zip  
33907

Country  
USA

Zip  
33907

Country  
USA

4. Date Formed or Registered  
To Do Business in Florida 08/04/92

5. FEI Number  
59-3171636

Applied For  
Not Applicable

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

7a. Capital Contributions as shown on Record: 0.00

7b. Amount of Capital Contributions in FLORIDA to date:  
0.00

8. Name and Address of Current Registered Agent

Name  
Callahan, W. Scott

Street Address (P.O. Box Number is Not Acceptable)  
37 North Orange Avenue

Suite, Apt. #, Etc.  
Suite 200

City  
Orlando

State  
FL

Zip Code  
32801

**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 delinquent.
- 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)

*Scott Callahan*

DATE

7/7/05

**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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
C.P.E., Inc.	12800 University Drive Ste 400	Fort Myers, FL 33907	V49919

900057907969  
07/26/05--01055--005 \*\*1230.00  
REINSTATEMENT 03-05

**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

*Doug Cordello*

DATE

7/7/05

Typed or Printed Name of General Partner Signing Form

Doug Cordello

Telephone Number

239-415-6238

CR2E039 (10/02)