

# 2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A93000000725

1. Entity Name  
CMS PLANTATION ASSOCIATES, LTD.



FILED

NOV -8 AM 10:51

Principal Place of Business  
C/O CMS AFFILIATED PARTNERS  
ONE BALA PLAZA, STE. 412  
BALA CYNWYD, PA 19004

Mailing Address  
C/O CMS AFFILIATED PARTNERS  
ONE BALA PLAZA, STE. 412  
BALA CYNWYD, PA 19004

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272004 REIN-LP CR2E100 (6/04)

4. FEI Number

62-1536888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 3324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$2,329,582.26

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # B04000000286  
NAME CMS PLANTATION PG, L.P.  
STREET ADDRESS ONE BALA PLAZA, STE. 412  
CITY-ST-ZIP BALA CYNWYD, PA 19004

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

REINSTATEMENT

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

10/25/04

Date

215-246-3053

Daytime Phone #

STAPLE CHECK HERE