

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

08 DEC -5 AM 10:46

DOCUMENT # A93000001189

1. Name of Limited Partnership

RUSS LAKE APARTMENTS LIMITED PARTNERSHIP

2. Principal Office Address - No P.O. Box #

1250 24TH STREET N.W.

3. Mailing Office Address

P . O . Box 6437

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Washington DC

City & State

Panama City , Fl

Zip

20037

Country

USA

Zip

32404

Country

USA

CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida

11/10/1993

5. FEI Number

52-1852897

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Shiela Bond

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

608 S Tyndall Parkway

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32404

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

☒ A \$500 penalty is due for each year or part thereof of the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

9. 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 (Registered Agent Accepting Appointment)

Shiela Bond

(REGISTERED AGENT MUST SIGN)

DATE

10/20/08

**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

Rupp Asset Management Inc.

1250 24TH STREET NW.
SUITE 300

WASHINGTON, DC.
20037

P93000025276

200142487832
10/31/08-01004-002 **4085.00

FF \$1,000
CLS 8.75

REINSTATEMENT

WJP

07-08
[Signature]

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

Steven N. Rupp

DATE

10/20/08

Typed or Printed Name of General Partner Signing Form

STEVEN N Rupp

Telephone Number

850-913-0534