

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A93000001189

1. Name of Limited Partnership

Russ Lake Apartments Limited Partnership

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

1250 24th street, NW

Suite, Apt. #, etc.

Suite 300

City & State

Washington DC

Zip

20037

Country

USA

3. Mailing Office Address

608 S. Tyndall parkway

Suite, Apt. #, etc.

City & State

Panama City FL

Zip

32404

Country

USA

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

FL

Zip Code

32404

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

DATE 12/27/2011

**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	Washington, DC 20037	P930000025276

REINSTATEMENT 09-11

DB

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 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. I understand that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

Steven Rupp

DATE

12/28/2011

Typed or Printed Name of General Partner Signing Form

Steven Rupp

Telephone Number

202-431-6971

FILED

11 DEC 29 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400215645014
12/29/11--01032--001 **3000.00

CR2E039 (1/11)

4. Date Formed or Registered
To Do Business in Florida

11/10/93

5. FEI Number

521852897

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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.

E-mail Address:

snrupp@aol.com

E-Mail address to be used for future annual report notices.