

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A94000000427

1. Name of Limited Partnership

Spring Glade Affordable Housing, LTD

2. Principal Office Address

Sigma Renaissance

Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip

34606

Country

USA

3. Mailing Office Address

5312 Spring Hill Drive

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Formed or Registered
To Do Business in Florida**

3/31/1994

5. FEI Number

65-0477611

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:

\$99.00

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

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)

DATE

1-12-04

**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**

Little Bear Acquisition, Inc.

5312 Spring Hill Drive

Spring Hill, FL 34606

P94000023604

REINSTATEMENT 2003-2004

700027247097
01/20/04--01005--022 **\$500.00

700027247097
01/20/04--01005--023 **\$8.75

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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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

DATE

2-4-04

Typed or Printed Name of General Partner Signing Form

Jerome S Rydell

Telephone Number

352-688-8815

CR2E039 (10/02)

A94000000427

**SIGMA RENAISSANCE
5312 SPRING HILL DRIVE
SPRING HILL, FL 34606**

(2)

FILED
04 FEB 17 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporation
PO Box 6237
Tallahassee, FL 32314

RE: Spring Glade Affordable Housing, LTD
A94000000427

Attn: Buck Kohr

BK

Dear Mr. Kohr:

Please be advised that an annual report was never received for the year 2003 on the above corporation.

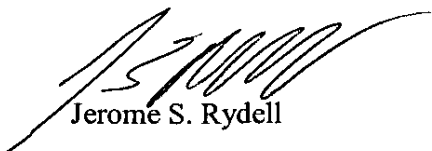
I have recently sent a check in the amount of \$508.75 it is my understanding that since we did not receive the 2003 annual report. The partnership penalty fee will be waived.

I am requesting a refund of the \$218.00. The fees that apply are \$141.00 for each year (2003 & 2004). I am also requesting the certificate of status

Please find enclosed the application for reinstatement.

If you should have any questions, please contact me directly at (352) 688-8815

Sincerely,


Jerome S. Rydell

217.50
overpayment