

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE AL OVISION OF CORPORATIONS 1102 D2 JAN 1 1 AM 10: 38

DOCUMENT #	A940000007	73/	/
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1. Name of Limited Partnership

Spring Lake, Ltd. n/k/a Ocoee Spring Lake, Ltd.

300004707093--0 -12/06/01--01009--004 ***5183.75 ***5131.25

2. Principal Office Address 147 W. Lyman Avenue		3. Mailing Office Addre	ess	4. Date Formed or Registered To Do Business in Florida		
		[Same]				
Suite, Apt. #, etc. City & State Winter Park, FL		Suite, Apt. #, etc.		5. FEI Number Applied For Not Applicable		
				6.		
		City & State		CERTIFICATE OF STATUS DESIRED of for a Certificate of Status		
				7a. Capital Contributions as shown on Record:		
Zip 32789	Country U.S.A.	Zip	Country	\$720,000.00		
32.03				7b. Amount of Capital Contributions in FLORIDA to date:		
	8. Name and Addre	ss of Current Registered Age	ent			
Name ROBERT P. HOLD			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			
Street Address (P.O. Box Number is Not Acceptable) 147 W. Lyman Avenue						
Suite, Apt. #, Etc.				with 1992 calendar year.		
_ · · · · · · · · · · · · · · · · · · ·				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		
City		State	Zip Code	7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		
Winter Pa	ark,		32789	and appropriate ining rec.		
		<u>-</u>		the state of the s		

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 Elorida. 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) 🗻

Name(s) of General Partner(s)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE

10.

Address of Each General Partner (Do NOT Use Post Office Box Numbers)

City, State and Zip Code

Registration
Document Number

Cheney Street, Inc.

147 W. Lyman Avenue

Winter Park, FL 32789

<u>⊾ 82864</u> √40588

FF \$ 5,131, 25

REINSTATEMENT 1997-2001

I do hereby certify that the information supplied with this filling 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. If further certify that the information indicated on this annual report is true and accurate and that my strain accurate accurate

Inc.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

President

Chemey Street,

Telephone Number