

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**A94000000783**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUN 26 PM 3:31

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **A94000000783**

1. Name of Limited Partnership

**Silver Bluff, Ltd.**

4/14/95

BK

2. Mailing Address

**1660 So. Bayshore Ct.**

Suite, Apt. #, etc.

3. Principal Office Address

**1660 So. Bayshore Ct.**

Suite, Apt. #, etc.

4. Date Formed or Registered To Do Business in Florida

**6/9/1994**

5. FEI Number

**65-0575510**

Applied For

Not Applicable

City, State

**Miami, Florida**

City & State

**Miami Florida**

Zip

**33133**

Country

**USA**

Zip

**33133**

Country

**USA**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation

**FLORIDA**

8a. Capital Contributions as Shown on Record

**\$1,000.00**

8b. Amount of Capital Contributions in FLORIDA to date

**1,000.00**

FEES: 1.)

Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$138.75 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

**LUBITZ, ALAN H.  
LUBITZ AND PARISER  
1500 SAN REMO AVENUE  
SUITE 220  
CORAL GABLES, FL 33146 US**

10. If changed, new registered agent/office

Name **JAMES E. KUTTEROFF**  
Street Address (P.O. Box Number is Not Acceptable) **1660 So. Bayshore Ct.**  
Suite, Apt. # etc.  
City **Miami** Zip Code **FL 33133**

10a. 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)

*James E. Kutteroff*

DATE **JUNE 25, 1997**

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

11. Names of General Partner(s)

**SILVER BLUFF  
DEVELOPMENT  
CORPORATION**

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

**1660 So. Bayshore Ct**

City, State and Zip Code

**Miami, FL 33133**

11a. Registration Document Number

**P94000043249**

PAVANTY - 1500.00  
AR - 157.50  
SUDR - 311.25  
CUS - 8.75  
**\$1,977.50**

**REINSTATEMENT 1995-1997**

(BK) (CUS)

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

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

*James E. Kutteroff*

DATE

**JUNE 25, 1997**

Typed or Printed Name of General Partner Signing Form

**JAMES E. KUTTEROFF**

Telephone Number

**(305) 859-8092**

CR2E039 (4/95)