

A94000000783



APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE  
Sandra S. McRham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 24 PM 1:47

DOCUMENT # A94000000783

1. Name of Limited Partnership  
SILVER BLUFF, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address  
1660 So. BAYSHORE CT.

3. Principal Office Address  
1660 So. BAYSHORE CT.

4. Date Formed or Registered To Do Business in Florida  
06/09/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
65-0575510

Applied For  
Not Applicable

City & State  
MIAMI, FL

City & State  
MIAMI, FL

6. CERTIFICATE OF STATUS DESIRED  \$175 Additional Fee required for a Certificate of Status

Zip Country  
33133 USA

Zip Country  
33133 USA

7. State or Country of Formation  
FL USA

8a. Capital Contributions as Shown on Record  
\$1,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8a, 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 8a is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8b. Amount of Capital Contributions in FLORIDA to Date  
\$1,000.00

9. Name and Address of Current Registered Agent  
KUTTEROFF, JAMES E.  
8067 SW 43RD AVE. STE. #3  
MIAMI, FL 33143

10. If changed, new registered agent/office  
Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Suite, Apt. #, etc. 800002649188--8  
City -09/25/98-01078-001  
\*\*\*782.FL\*\*\*

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 9/10/98

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 CORP.

Address of Each General Partner (Do NOT Use Post Office Box Numbers)  
1660 So. BAYSHORE COURT

City, State and Zip Code  
MIAMI, FL 33133

11a. Registration Document Number  
P94000043249

REINSTATEMENT 1998, 1999

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, SOG. PRES. DEV. CORP. DATE 9/10/98

Typed or Printed Name of General Partner Signing Form JAMES E. KUTTEROFF Telephone Number (305) 859-8092

CR2E039 (12/97)