

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 FEB 27 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A94000001184

1. Name of Limited Partnership

WIMAUMA COMMUNITY, LTD.

500139681985
01/06/09--01018--004 **2500.00

CR2E039 (1/01)

2. Principal Office Address - No P.O. Box #
17782 Sky Park Circle

3. Mailing Office Address
17782 Sky Park Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Irvine, CA

City & State
Irvine, CA

Zip Country
92614-6404 US

Zip Country
92614-6404 US

4. Date Formed or Registered
To Do Business in Florida 8/30/94

5. FEI Number
59-3263790

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

Name
B&C Corporate Services of Central Florida, Inc.
Street Address (P.O. Box Number is Not Acceptable)
390 North Orange Avenue

Suite, Apt. #, Etc.
Suite 1400

City
Orlando

State Zip Code
FL 32801

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.

☒ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1809, 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)

(REGISTERED AGENT MUST SIGN)

Vice President

DATE 2/10/09

**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

WNC Florida, LLC

17782 Sky Park Circle

Irvine, CA 92614-6404

L99000007467

REINSTATEMENT 2004-2009

500139681985
03/03/09--01010--002 **508.75

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 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.

SIGNATURE

DATE 2/11/09

Typed or Printed Name of General Partner Signing Form

WNC Florida, LLC, General Partner for Wimauma Community Ltd. David Shafer E.V.P.

Telephone Number

714.662.5565 x113