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APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
RECORDED

DOCUMENT # A94000001797

90 JUN 21 PM 12:39

1. Name of Limited Partnership

ST. JOHNS BLUFF ASSOCIATES LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Mailing Address		3. Principal Office Address		4. Date Formed or Registered To Do Business in Florida	
Suite, Apt #, etc 303 Goddard Avenue		Suite, Apt #, etc		12/22/94	
City & State Brookline, MA 02146		City & State		5. FEI Number	
Zip 02445		Country		59-3284048	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation	
				FL	

8a. Capital Contributions as Shown on Record	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): \$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 8b 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	
3,000,000.00	

9. Name and Address of Current Registered Agent		10. If changed, new registered agent/office	
MICKLER, ROBERT O. C/O MARTIN, ADE, BIRCHFIELD & MICKLER 3000 INDEPENDENT SQ., ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt #, etc	
		City	
		FL	
		Zip Code	

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) \_\_\_\_\_ DATE \_\_\_\_\_

**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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
TACKEFF, BERTRAM C.	303 GODDARD AVENUE	BROOKLINE MA 02146	500002921455--3 -07/01/99--01091--001 ***1026.25 ***1026.25

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 Bertram C. Tackeff DATE 6/17/99  
 Typed or Printed Name of General Partner Signing Form BERTRAM C. TACKEFF, GENERAL PARTNER Telephone Number (617) 566-0098

CR2E039 (12/98)