

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



**A9500000072**

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # A9500000072

99 SEP 13 AM 11:34

1. Name of Limited Partnership

G.B. RESIDENCES OF KEY BISCAYNE, LTD

4/16/99

DO NOT WRITE IN THIS SPACE

2. Mailing Address

445 GRAND BAY DRIVE

3. Principal Office Address

SAME

4. Date Formed or Registered To Do Business in Florida

JANUARY 12, 1995

City & State  
KEY BISCAYNE, FLORIDA

City & State

5. FEI Number

65-055-4318

Applied For

Not Applicable

Zip Country  
331 49 USA

Zip Country

6. CERTIFICATE OF STATUS DESIRED  See Fee Additional Fee required for a Certificate of Status

7. State or Country of Formation MIAMI-DADE

8a. Capital Contributions as Shown on Record  
\$4,950,000.00

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): \$103.75 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  
2,454,000

2,454,000

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
Zip Code  
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)

Connie Bryan

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

9/13/99

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

MARGULIES-LOWE DEVELOPMENT CORP.

445 GRAND BAY

KEY BISCAYNE, FL 33149

P94000079780

PENALTY - 500.00  
AR - 437.50  
AR SUPP - 88.75  
CERT - 70.00  
1,096.25

REINSTATEMENT 1999

700003005837--7  
-10/05/93--01071--002  
\*\*\*1035.00 \*\*\*1035.00  
700003005837--7  
-10/05/93--01071--003  
\*\*\*\*61.25 \*\*\*\*61.25

(MK) (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

[Signature]

AGENT FOR MARGULIES-LOWE DEVELOPMENT CORP.  
GENERAL PARTNER

DATE 9-10-99

Type or Printed Name of General Partner Signing Form

RONALD R. FLEISHER

Telephone Number

305-982-1555

CR2E039 (1/97)