

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
97 MAY 28 PM 12:23

A95000001608

DOCUMENT # A95000001608

1. Name of Limited Partnership
Laudonniere Apartments Limited Partnership

2. Mailing Address
P O Box 8518

3. Principal Office Address
15 Isle of Venice

4. Date Formed or Registered To Do Business in Florida
10/25/95

5. FEI Number
65 0669608

6. CERTIFICATE OF STATUS DESIRED ☒ **Florida**

7. State or Country of Formation
Florida

8a. Capital Contributions as Shown on Record
None.

8b. Amount of Capital Contributions in FLORIDA to date
None.

9. Name and Address of Current Registered Agent
**Jerrold A Wish
1221 Brickell Ave
Miami FL 33131**

10. If changed, new registered agent/office
**Romeo Hebert
Street Address (P.O. Box Number Is Not Acceptable)
9311 NW 20th Avenue
City
Pembroke Pines FL 33024**

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) *[Signature]* DATE **05/21/97**

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)
**Wish G.P., Inc.
15 Isle of Venice Manager Inc.**

Address of Each General Partner (Do NOT Use Post Office Box Numbers)
**1221 Brickell Ave
1221 Brickell Ave**

City, State and Zip Code
**Miami FL 33131
Miami FL 33131**

11a. Registration Document Number
**P95000081272
P 95000081268**

**100002194471--4
-05/29/97--01041--004
****656.25 ****656.25**

REINSTATEMENT 97

OR 5-28

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]* DATE **05/21/97**

Typed or Printed Name of General Partner Signing Form **Romeo Hebert 15 Isle of Venice Manager, Inc.** Telephone Number **954-437-1696**

CR2E039 (1/97)