


APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC -8 PM 3:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA <small>DO NOT WRITE IN THIS SPACE</small>	
DOCUMENT # A 95 - 1636 1. Name of Limited Partnership <div style="text-align: center;">Silver Beach Limited Partnership</div>					
2. Mailing Address 853 Hwy. 98 E. <small>Suite, Apt. #, etc.</small>		3. Principal Office Address 1050 Highway 98 East <small>Suite, Apt. #, etc.</small>		4. Date Formed or Registered To Do Business in Florida 11/01/95	
City & State Destin, FL		City & State Destin, FL		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32541	Country US	Zip 32541	Country US	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8a. Capital Contributions as Shown on Record \$1,000,000		7. State or Country of Formation Florida			
8b. Amount of Capital Contributions in FLORIDA to date \$1,000,000		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.			
9. Name and Address of Current Registered Agent Michael J. Clary 853 Highway 98 E. Destin, FL 32541			10. If changed, new registered agent/office Name: Gary W. Huston Street Address (P.O. Box Number is Not Acceptable): 3 W. Garden St. Suite, Apt. #, etc.: Suite 700 City: Pensacola FL Zip Code: 32501		
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. <div style="display: flex; justify-content: space-between;"> SIGNATURE (Registered Agent Accepting Appointment) <i>Gary W. Huston</i> DATE 12/4/98 </div>					
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) Michael J. Clary Barbara C. Kelly		Address of Each General Partner (Do Not Use Post Office Box Numbers) 853 Highway 98 E. 340 Sudduth Circle		City, State and Zip Code Destin, FL 32541 Ft. Walton Beach, FL 32548	
				11a. Registration Document Number N/A N/A	
97 500 437.50 88.75 98 500 437.50 88.75 99 437.50 88.75 8.75		600002710346--8 -12/11/98--01084--001 ***2587.50 ***2587.50 REINSTATEMENT 97-99 CUS dec			
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 <i>Michael J. Clary</i> Typed or Printed Name of General Partner Signing Form Michael J. Clary		DATE 12/2/98 Telephone Number 850/837-3600			