

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A95000001874

1. Entity Name  
SAN JOSE ASSOCIATES, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 19 AM 10:47

Principal Place of Business  
6320-7 ST. AUGUSTINE RD.  
STE. 7  
JACKSONVILLE, FL 32217

Mailing Address  
6320-7 ST. AUGUSTINE RD.  
STE. 7  
JACKSONVILLE, FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132005 REIN-LP CR2E100 (6/04)

4. FEI Number  
56-1951674

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, GENEVA P  
6320-7 ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

DATE

10-17-05

9. Capital Contributions  
as Shown on record. \$210,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P95000092667  
NAME SAN JOSE ASSOCIATES OF JACKSONVILLE, INC.  
STREET ADDRESS % 4530 PARK RD., SUITE 300  
CITY-ST-ZIP CHARLOTTE, NC 28209

13. ADDRESS CHANGES ONLY

STREET ADDRESS 000061262700  
CITY-ST-ZIP 11/08/05--01052--012 \*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT 2005

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STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*

10-17-05