

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 18 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # A95-2000

1. Name of Limited Partnership

Brian's Place Development, LTD.

2. Principal Office Address

6650 W. Indiantown Rd.

Suite, Apt. #, etc.

Suite 200

City & State

Jupiter, Florida

Zip

33458

Country
USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

33458

Country

**4. Date Formed or Registered
To Do Business in Florida**

12/27/95

5. FEI Number

65-0647287

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$495,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$3,000.00

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

Scott Kramer, Esq.

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

6650 West Indiantown Road

Suite, Apt. #, Etc.

Suite 200

City

Jupiter,

State

FL

Zip Code

33458

9. 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

12/13/00

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

6650 General, Inc.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**6650 W. Indiantown Rd.,
Suite 200**

City, State and Zip Code

Jupiter, FL 33458

10a. Registration
Document Number

A95000002061

**800003516258--7
-12/28/00--01081--009
****641.25 ****641.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Mervyl E. Kramer, Pres.

DATE

12/13/00

Typed or Printed Name of General Partner Signing Form

MERYL E. KRAMER, PRES

Telephone Number

561 748 8000