


1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED Dec 15, 2005 8:00 A.M Secretary of State	
DOCUMENT # A96000000517 1. Name of Limited Partnership OCEAN RESORTS LIMITED					
2. Principal Office Address 1445 Brightwaters Blvd NE		3. Mailing Office Address 1445 Brightwaters Blvd NE		4. Date Formed or Registered To Do Business in Florida 03/18/1996	
Suble, Apt. #, etc. 		Suble, Apt. #, etc. 		5. FEEL Number 522034228	
City & State St. Petersburg, FL		City & State St. Petersburg, FL		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Zip 33704	Country US	Zip 33704	Country US	7a. Capital Contributions as shown on Record: \$ 10,001.01	
8. Name and Address of Current Registered Agent				7b. Amount of Capital Contributions in FLORIDA to date: \$ 10,001.01	
Name Cynthia M. Iskander				FEES	
Street Address (P.O. Box Number is Not Acceptable) 1445 Brightwaters Blvd NE				1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$62.50 and a maximum of \$437.50, for each year due this office.	
Suble, Apt. #, Etc.				2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.	
City St. Petersburg	State FL	Zip Code 33704		3.) Penalty Fee(s): \$500 penalty fee for each year (good) term is due. 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.	
9. Pursuant to the provisions of sections 620.1051 and 620.182, 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 620.182, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) <i>Cynthia M. Iskander</i>				DATE 12/14/05	
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) BEACH RESORT MANAGEMENT of St. Petersburg, Inc.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1445 Brightwaters Blvd NE		City, State and Zip Code St. Petersburg, FL 33704	
				10a. Registration Document Number P96000021355	
REINSTATEMENT 04-05 ALL					
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)(f), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(d) 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, partner or trustee empowered by statute to execute this report as required by chapter 609, Florida Statutes.					
SIGNATURE <i>Cynthia M. Iskander</i>				DATE 12/14/05	
Typed or Printed Name of General Partner Signing Form Cynthia Iskander				Telephone Number 727 698-3261	

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Florida Department of State
Division of Corporations
Public Access System

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LIMITED PARTNERSHIP REINSTATEMENT

OCEAN RESORTS LIMITED

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