

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 30 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000684

1. Name of Limited Partnership

TOWER PLACE APARTMENTS LIMITED

2. Principal Office Address

501 Cambridge Court

Suite, Apt. #, etc.

3. Mailing Office Address

501 Cambridge Court

Suite, Apt. #, etc.

4. Date Formed or Registered

To Do Business in Florida 4/9/96

5. FEI Number

58-2229919

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

Alpharetta, GA

City & State

Alpharetta, GA

Zip

30005

Country

US

Zip

30005

Country

US

8. Name and Address of Current Registered Agent

Name

Smith Hulsey & Busey

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

225 Water Street

Suite, Apt. #, Etc.

Suite 1800

City

Jacksonville

State

FL

Zip Code

32202

7a. Capital Contributions as shown on Record:

\$100

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

\$100

**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.

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.

Smith Hulsey & Busey

SIGNATURE (Registered Agent Accepting Appointment) By: *Harry L. Hulsey* V.P. DATE 9/30/04

**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)

Southern Development  
Partners, L.L.C.

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

501 Cambridge Court

City, State and Zip Code

Alpharetta, GA 30005

10a. Registration  
Document Number

M96000000113

900041526189  
10/01/04--01017--014 \*\*500.00

REINSTATEMENT

REINSTATEMENT

900041526189  
10/01/04--01017--015 \*\*782.50

**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.

Southern Development Partners, L.L.C.

SIGNATURE

*Walter C. McCall, Jr.*

DATE

9/30/04

Typed or Printed Name of General Partner Signing Form

By Walter C. McCall, Jr., Managing Member

Telephone Number

(678) 580-5203

CR2E039 (10/02)