

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 -8 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

**DOCUMENT # A 96000002141**

**1. Name of Limited Partnership**

METCALF LIMITED PARTNERSHIP

**2. Principal Office Address**

100 South Orange Avenue

**3. Mailing Office Address**

250 West Main Street

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 310

City & State

Orlando, FL

City & State

Charlottesville, VA

Zip

32801

Country

United States

Zip

22901

Country

United States

**8. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**4. Date Formed or Registered**

To Do Business in Florida 21 November 1996

**5. FEI Number**

650-71-9383

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:**

100,000

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

\$100,000

**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.

SIGNATURE (Registered Agent Accepting Appointment)

**CHARLES F. SHAMPANG**  
ASSISTANT SECRETARY

DATE 11-29-00

**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)

D&R Herndon L.L.C.

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

250 West Main Street  
Suite 310

City, State and Zip Code

Charlottesville, VA  
22901

**10a.** Registration  
Document Number

M96000000463

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-12/21/00--01036--006  
\*\*\*1026.25 \*\*\*1026.25

**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

DATE

11/22/00

Typed or Printed Name of General Partner Signing Form **D&R Herndon, LLC, Craig T. Redinger**

Telephone Number **(202) 662-4775**

CR2E039 (11/99)