

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 JAN 14 PM 12:51	
DOCUMENT # <u>A96000002229</u>					
1. Name of Limited Partnership Rislake Apartments Limited Partnership					
2. Principal Office Address 501 116th Avenue North		3. Mailing Office Address 24500 Chagrin Blvd		4. Date Formed or Registered To Do Business in Florida 12/3/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #200		5. FEI Number 59-3413992	
City & State St. Petersburg, Florida		City & State Beachwood, Ohio		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 33716	Country Pinellas	Zip 44122	Country Cuyhaoga	7a. Capital Contributions as shown on Record: \$7,500.00	
8. Name and Address of Current Registered Agent				7b. Amount of Capital Contributions in FLORIDA to date: \$246,000.00	
Name William B. Risan				FEES:	
Street Address (P.O. Box Number is Not Acceptable) 501 116th Avenue North				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.	
Suite, 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 33716		3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.	
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) <u>William B. Risan</u>				DATE 12/20/01	
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)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		10a. Registration Document Number	
Risklake General Partner Corporation		501 116th Avenue North		P96000098628	
		St. Petersburg, FL 33716			
				800004776408--1	
				-01/16/02--01003--012	
				****526.25 ****526.25	
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 <u>Robert G. Risan</u>				DATE 12/20/01	
Typed or Printed Name of General Partner Signing Form Robert G. Risan, President				Telephone Number (727) 576-5296	

CR2E039 (9/00)

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RISLAKE APARTMENTS LIMITED PARTNERSHIP

24500 Chagrin Boulevard, Suite 200
Beachwood, Ohio 44122
(216) 464-5130 - FAX (216) 360-0799

December 20, 2001

Department of State
Division of Corporations
Attn: Partnership Section
409 E. Gaines Street
Tallahassee, Florida 32399

Via Federal Express Delivery

Re: Limited Partnership Reinstatement

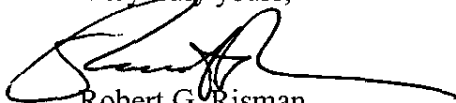
Ladies/Gentlemen:

Enclosed is the Limited Partnership Reinstatement for Rislake Apartments Limited Partnership.

I am at this time requesting the reinstatement fee be waived as we did not receive the Annual Report that was to be filed with your office. This resulted in an Administrative Dissolution. Prior to this we have filed all our reports in a timely manner.

I also enclose a check in the amount of \$526.25 for filing and supplemental fees.

Very truly yours,



Robert G. Risman
President

RGR/dm
Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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