

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A9600002237

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 25 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A96000002237

**1. Name of Limited Partnership**

INDIAN LAKE APARTMENTS, LTD.

9/25/03

BIN

**2. Principal Office Address**

4060 DANCING CLOUD CT.

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

DESTIN, FLORIDA

City & State

Zip

32541

Country

US

Zip

Country

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

12/06/1996

**5. FEI Number**

593413054

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:**

\$1,100.00

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

\$1,100.00

**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

LOWELL KELLY

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

4060 DANCING CLOUD COURT

Suite, Apt. #, Etc.

City

DESTIN

State  
FL

Zip Code

32541

**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)

*Lowell B. Kelly*

DATE 11/24/2003

**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)

City, State and Zip Code

**10a. Registration  
Document Number**

KELLY CONGLOMERATES,  
INC.

4060 DANCING CLOUD  
CT.,

DESTIN, FLORIDA  
32541

P96000091497

700025189197  
12/04/03--01003--002 \*\*611.25

REINSTATEMENT

2003

BK

**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

*Lowell B. Kelly*

DATE 11/24/2003

Typed or Printed Name of General Partner Signing Form

Lowell Kelly

Telephone Number

850-259-1907

CR2E039 (10/02)