

H46000002361

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIPFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY 27 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000002361

1. Name of Limited Partnership

AVILA LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 5100 Tamiami Trail North Suite, Apt. #, etc. Suite 158 City & State Naples, F: Zip 34103 Country Collier		3. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. Date Formed or Registered To Do Business in Florida 12/18/96	
				5. FEI Number Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				7. State or Country of Formation	

8a. Capital Contributions as Shown on Record. \$1,500.00	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Amount of Capital Contributions in FLORIDA to date:	

9. Name and Address of Current Registered Agent Cronin, Dennis P. Esq. 1167 Third Street South, Suite 107 Naples, FL 34102	10. If changed, new registered agent/office Name R. Scott Price Street Address (P.O. Box Number is Not Acceptable) 2640 Golden Gate Parkway Suite, Apt. #, etc. Suite 315 City Naples FL Zip Code 34105
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10a. 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)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s) Brentwood Development Group	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5100 Tamiami Trail N. Suite 158	City, State and Zip Code Naples, F: 34103	11a. Registration Document Number P95000012104 900002194469--0 -05/29/97--01041--003 *****665.00 *****665.00
<p style="text-align: center;">REINSTATEMENT</p> <p style="text-align: right;">97 days dec</p>			
<p>300 52.50 103.75 8.75</p>			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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

Arthur Shafran, as President of
Brentwood Development Group

941/643-5558

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (1/97)