

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A97000000729

1. Name of Limited Partnership

Tallahassee Hotel Associates, Ltd.

2. Principal Office Address - No P.O. Box #

800 S. Milwaukee Avenue,

3. Mailing Office Address

800 S. Milwaukee Avenue,

Suite, Apt. #, etc.

Suite 170

Suite, Apt. #, etc.

Suite 170

City & State

Libertyville, IL

City & State

Libertyville, IL

Zip

60048

Country

US

Zip

60048

Country

US

4. Date Formed or Registered
To Do Business in Florida

5. EEI Number

65-0801066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Dennis R. Egidi

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

246 Springline Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

☒ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620 1810 or 620 1909, Florida Statutes, I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Dennis R. Egidi

(REGISTERED AGENT MUST SIGN)

DATE 4/22/10

**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
Tallahassee Hotel, Inc.	800 S. Milwaukee Avenue, Suite 170	Libertyville, IL 60048	F03000005050
REINSTATEMENT 2007-2010		S. HAWKES APR 28 2010 EXAMINER	

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

Dennis R. Egidi

DATE

4/22/10

Typed or Printed Name of General Partner Signing Form

DENNIS R. EGIDI

Telephone Number

847-816-6460