

2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A97000000890

1. Entity Name
L.H. PARTNERS OF ORLANDO, LTD.



FILED
04 NOV 19 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FL

Principal Place of Business
400 LOCUST STREET, SUITE 790
DES MOINES, IA 50309

Mailing Address
400 LOCUST STREET, SUITE 790
DES MOINES, IA 50309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11102004 REIN-LP CR2E100 (6/04)

4. FEI Number
59-3445610

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Connie Bryan
Signature, typed or printed name of registered agent and title if applicable.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

DATE 11/19/2004

9. Capital Contributions as Shown on record. \$150,000.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M97000000216
NAME B.H LEHIGH L.L.C.
STREET ADDRESS 400 LOCUST STREET, SUITE 790
CITY-ST-ZIP DES MOINES, IA 50309

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

11/15/04

Date

Daytime Phone #

STAPLE CHECK HERE

REINSTATEMENT 2004

BK

500043005345
11/24/04--01050--014 **\$35.00