

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**A9700000982**

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 APR 18 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04/24/03--01022--002 \*\*26.25

**DOCUMENT #** A97000000982

**1. Name of Limited Partnership**

RI Panama City, Ltd.

*rdw/or*

**2. Principal Office Address**

7120 Patronis Dr.

Suite, Apt. #, etc.

**3. Mailing Office Address**

3100 Monticello Ave.

Suite, Apt. #, etc.

Suite 200

**City & State**

Panama City Beach, FL

**City & State**

Dallas, TX

**Zip**

32408

**Country**

Bay

**Zip**

75205

**Country**

Dallas

**8. Name and Address of Current Registered Agent**

**Name**

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

**City**

Plantation

**State**

FL

**Zip Code**

33324

**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)**

*Connie Boyan*

*Assistant Secretary*

**DATE**

*4/16/03*

**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)**

Mountain View National, Inc.

**Address of Each General Partner (Do NOT Use Post Office Box Numbers)**

1775 Broadway, 23rd Floor

**City, State and Zip Code**

New York, NY 10019

**10a. Registration Document Number**

F97000000250

**REINSTATEMENT**

*2002-2003*

*(Mr) (Mrs)*

*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**

*Kathryn Mansfield*

**DATE**

*4/14/03*

**Typed or Printed Name of General Partner Signing Form**

Kathryn Mansfield

**Telephone Number** 214-599-2200

CR2E039 (10/02)