

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 19 AM 8:42

DOCUMENT # A97000001392

1. Name of Limited Partnership

COX ENTERPRISES PARTNERSHIP, LTD.

600025328716  
03/09/04--01053--026 \*\*526.25

2. Principal Office Address

8745 S.W. 176 TERRACE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33157

Country

USA

Zip

Country

4. Date Formed or Registered  
To Do Business in Florida

JUNE 24, 1997

5. FEI Number

65-0685553

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:

5,509,988.00

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

5,589,626.00

8. Name and Address of Current Registered Agent

Name

ROBERT W. JENSEN, ESQ.

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

2199 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

MERRICK PLAZA - SUITE 301

City

CORAL GABLES

State

FL

Zip Code

33134

**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.

9. Pursuant to the provisions of sections 620.1061 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)

*Robert W. Jensen*

DATE

12/4/13

**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

Thomas Cox, as Trustee of The  
Thomas Cox Irrevocable Trust

8745 S.W. 176 Terrace

Miami, FL 33157

G97169000139

John Cox, as Trustee of The  
John Cox Irrevocable Trust

1420 Riverwood Lane

Coral Springs, FL 33065

G97169000138

600025328716  
12/08/03--01075--018 \*\*526.25

**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

*Thomas Cox*

DATE

11-14-2003

Typed or Printed Name of General Partner Signing Form

Thomas Cox, as Trustee

Telephone Number

305-235-0815

CR2E039 (1002)

282

ROBERT W. JENSEN  
ATTORNEY AT LAW  
MERRICK PLAZA - SUITE 301  
2199 PONCE DE LEON BOULEVARD  
CORAL GABLES, FLORIDA 33134-5232

TELEPHONE: (305) 444-0686  
TELECOPIER: (305) 444-0968

November 13, 2003

**Via Federal Express**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Document No.: #A97000001392  
Cox Enterprises Partnership, Ltd.**

Dear Sir/Madam:

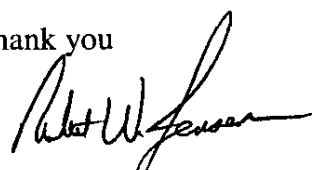
Enclosed find check no. 0864 in the amount of \$526.25 payable to the Department of State for the 2003 UBR filing fee. Forward a reinstatement certificate to my client or my office.

Please note that the address for Cox Enterprises Partnership, Ltd. showing in the Department of State Division of Corporations website continues to show an **incorrect** mailing address. Also, in order to avoid any future revocations, and have proper receipt of upcoming UBR's on time, **please revise/correct the address to:**

**Principal Office Address:**  
**Cox Enterprises Partnership, Ltd.**  
**8745 S.W. 176 Terrace**  
**Miami, FL 33157**

**NOTE:**  
**THE ABOVE ADDRESS WAS INSERTED ON THE 2002 REINSTATED FORM FILED WITH YOUR OFFICE SEPTEMBER 23, 2002**

Thank you



Robert W. Jensen

RWJ/ep  
Enclosures