

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 13 AM 9:23

DOCUMENT # A97000001615

1. Name of Limited Partnership

Paradise West Kendall, Ltd.

9/29/00

2. Principal Office Address  
2901 Rigsby Lane

Suite, Apt. #, etc.

Safety Harbor FL 34695

City & State

Safety Harbor FL

Zip

34695

Country

Pinellas

3. Mailing Office Address  
2901 Rigsby Lane

Suite, Apt. #, etc.

City & State

Safety Harbor FL

Zip

34695

Country

Pinellas

8. Name and Address of Current Registered Agent

Name

Forlizzo Law Group

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

2903 Rigsby Lane

Suite, Apt. #, Etc.

City

Safety Harbor

State  
FL

Zip Code

34695

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)

DATE

3-08-01

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

Paradise Development Grp Inc

2901 Rigsby Lane

Safety Harbor FL  
34695

S76741

500004014355--9  
-04/17/01--01105--018  
\*\*\*\*282.50 \*\*\*\*282.50

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

DATE

3-08-01

Typed or Printed Name of General Partner Signing Form

Ms Bridget Tones

Telephone Number

727-726-1115

CR2E039 (9/00)



Development • Management • Leasing

March 8, 2001

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Paradise West Kendall Ltd.  
59-3451873

Dear Sir:

In reviewing our corporate records, it was brought to our attention that the Limited Partnership Annual Report for the year 2000 was not filed with the State of Florida. The mailing address was listed incorrectly and the registered agent had moved and is no longer the agent for the partnership. Attached is our completed reinstatement form with the current correct information and our check for \$282.50 for both 2000 and 2001. We are thereby requesting a one-time waiver of any fees and or penalties due to this situation.

Thanking you in advance for the consideration on this matter:

Sincerely,  
**PARADISE WEST KENDALL LTD.**

*M. Bridget Tones*  
M. Bridget Tones  
Secretary

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