

AC7000001767
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -7 PM 4:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

AMJH

DOCUMENT # A97000001767

1. Name of Limited Partnership

CRESCENT HOTEL PARTNERS, LTD.

500009823925
02/25/03--01015--001 **273.27

5/7 2002-2003

2. Principal Office Address

1177 Kane Concourse

Suite, Apt. #, etc.

#201

City & State

Bay Harbor, FL

Zip

33154

Country

USA

3. Mailing Office Address

1177 Kane Concourse

Suite, Apt. #, etc.

#201

City & State

Bay Harbor, FL

Zip

33154

Country

USA

4. Date Formed or Registered

To Do Business in Florida 6/1/96

5. FEI Number

650776506

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:

\$100,000

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

\$100,000

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.

8. Name and Address of Current Registered Agent

Name

Martin W. Taplin

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

1177 Kane Concourse

Suite, Apt. #, etc.

#201

City

Bay Harbor

State

FL

Zip Code

33154

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 12/26/02

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

Crescent GP Corp.

1177 Kane Concourse
#201

Bay Harbor, FL 33154

P97000070917

500009823925

01/03/03--01097--012 **641.25

500009823925

04/22/03--01032--028 **367.98

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 12/26/02

Typed or Printed Name of General Partner Signing Form

Telephone Number