

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE  
TAMM B. McWham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JUN 15 PM 3:26

DOCUMENT # A97000001813

1. Name of Limited Partnership

INVESTORS AT KING'S LAKE, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address Arthur c/o Porter, Wright, Morris & 4501 Tamiami Trail N., #400 City & State Naples, FL Zip 34103 Country USA	3. Principal Office Address Arthur c/o Porter, Wright, Morris & 4501 Tamiami Trail N., #400 City & State Naples, FL Zip 34103 Country USA	4. Date Formed or Registered To Do Business in Florida 8/18/97	5. FEI Number 59-3494516 Applied for Not Applicable
8a. Capital Contributions as Shown on Record \$1,000.00		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8b. Amount of Capital Contributions in FLORIDA to date		7. State or Country of Formation	

**FEES:** 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

GARY K. WILSON  
4501 TAMAMIAMI TRAIL NORTH, SUITE 400  
NAPLES, FL 34103

Name  
Street Address (P.O. Box Number)  
Suite, Apt. #, etc  
City  
FL Zip Code

10a. 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

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s) C R Developers of Naples, Inc., a Florida corporation	Address of Each General Partner (Do NOT Use Post Office Box Numbers) P.O. Box 413005, Suite 66 Naples, FL 34101	City, State and Zip Code Naples, FL 34101	11a. Registration Document Number A97000001813 P970000 72958 300002566763--2 -06/19/98--01125--004 *****45.50 *****45.50
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REINSTATEMENT

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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 6-7-98

Typed or Printed Name of General Partner Signing Form  
Keoki M. Enlow, President of

Telephone Number 941 514 1644