

# 2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC 28 PM 1:48

DOCUMENT # A97000001913

1. Entity Name  
CRYSTAL COVE, LTD.



Principal Place of Business  
401 WEST COLONIAL DRIVE, SUITE 7  
ORLANDO, FL 32804

Mailing Address  
401 WEST COLONIAL DRIVE, SUITE 7  
ORLANDO, FL 32804



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12202007 REIN-LP CR2E100 (1/07)

City & State

City & State

4. FEI Number  
59-3469137

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACARTHUR, WILLIAM H  
401 WEST COLONIAL DRIVE, SUITE 7  
ORLANDO, FL 32804

Name  
JAMES H. FANT

Street Address (P.O. Box Number is Not Acceptable)  
401 West Colonial Drive, Suite 7

City  
Orlando

FL

Zip Code  
32804

8. Pursuant to the provisions of section 600.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

12/20/07  
DATE

FILE NOW!! FEE IS \$1000.00  
After January 1, 2008, Fee will be \$2000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000076577  
NAME BDC CRYSTAL COVE, INC.  
STREET ADDRESS 401 WEST COLONIAL DRIVE, SUITE 7  
CITY-ST-ZIP ORLANDO, FL 32804

STREET ADDRESS

CITY-ST-ZIP

100113560771

01/02/06--01045--001 \*\*1000.00

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STREET ADDRESS

REINSTATEMENT 2007

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

*[Signature]* MANAGER

12/20/07 407 425-8276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE