

PLEASE READ INSTRUCTIONS BEFORE FILING THIS FORM



LIMITED  
PARTNERSHIP  
REINSTATEMENT

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

FILED

02 APR 30 PM 12147

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Name of Limited Partnership

Water Club II Limited Partnership

9/28/01

2. Principal Office Address  
1245 Gulf of Mexico Drive

Suite, Apt. #, etc.

City & State  
Sarasota, FL

Zip 34228

Country USA

Zip 34228

Country 3686

3. Mailing Office Address  
1245 Gulf of Mexico Drive

Suite, Apt. #, etc.

City & State  
Sarasota, FL

State  
FL

Zip Code  
32301

4. Date Formed or Registered  
To Do Business in Florida

10/20/1997

5. FEI Number  
65-0797078

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:  
17,000,000

7b. Amount of Capital Contributions in FLORIDA to date:  
17,000,000

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.

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)

Brian Courtney

Asst. V.P.

DATE

2/20/01

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
Hanover Properties, Inc.	ADM-1000 AR-875 AR SUM 77.50 7227 Clint Moore Road 2052.50	Boca Raton, FL 33493	P 97000089880
Water Club Developments, Inc.	2200 Yonge Street, Suite 1600 2001-2002	Toronto, Ontario, Canada M45-2C6	F 97000004393 700004361587--8

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.

WATER CLUB DEVELOPMENTS, INC.

SIGNATURE

by *John C. Clark*

JOHN C. CLARK Pres./Gen. Partner

DATE

2/2/02

Typed or Printed Name of General Partner Signing Form

Telephone Number 561-394-5600

A97000002271

CSC

ACCOUNT NO. : 072100000032

REFERENCE : 405813 3487A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ ~~1552.50~~

ORDER DATE : February 20, 2002

2052.50

ORDER TIME : 11:11 AM

ORDER NO. : 405813-005

CUSTOMER NO: 3487A

CUSTOMER: Troy Myers, Esq  
Icard Merrill Cullis Timm  
Suite 600  
2033 Main Street  
Sarasota, FL 34237

DOMESTIC FILINGS

NAME: WATER CLUB II LIMITED  
PARTNERSHIP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS       

RECEIVED  
02 FEB 20 PM 12 18  
DIVISION OF CORPORATION

BK