PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
LIMITED PARTNERSHIP
~~REINSTATEMENT~~
UBR

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

FILED
01 MAR 12 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002469

Name of Limited Partnership

APC Management Company, LTD

2. Principal Office Address	3. Mailing Office Address
1301 A West Palmetto Park RD	
Suite, Apt. #, etc. Suite 200B	Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State
Zip 33433 Country	Zip Country

4. Date Formed or Registered To Do Business in Florida: 11/13/1997

5. FEI Number: 65-0793452 ☐ 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: 990.00

7b. Amount of Capital Contributions in FLORIDA to date: 990.00

8. Name and Address of Current Registered Agent

Name: Kramer, Robert H (Kramer, Green, Zuckerman, & Kahn, PA)

Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood BLVD

Suite, Apt. #, Etc.: Suites 485 South

City: Hollywood State: FL Zip Code: 33021

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 as registered agent and agree to comply 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.

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.
Briggs, John D.	7301-A West Palmetto Park RD	Boca Raton, FL 33433	

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

11. To the best of my knowledge, the information supplied herein is substantially furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the State of Florida from any and all liability for non-compliance with Section 119.07(3)(i) in the event that the information submitted herewith is exempt from public access. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature below will have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership or the individual empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: John D. Briggs 561-394-9292