

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



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

**FILED**  
99 SEP 28 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **A9800000425**

1. Name of the Partnership

Merrick Park Associates, Ltd.

DO NOT WRITE IN THIS SPACE.

2. Principal Office Address 3310 Ponce de Leon Blvd. Suite #200 Coral Gables, Florida 33134 Country USA		3. Principal Office Address Suite, Apt #, etc. City & State Zip Country		4. Date Formed or Registered To Do Business in Florida 02-16-98	
				5. FEI Number 65-0813224 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation Florida	

8a. Filing Fee \$130,000.00	<b>FEES:</b> 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.
8b. Amount of Capital Contributions FLORIDA \$123,500	

9. Name and Address of Current Registered Agent John R. Forbes 3310 Ponce de Leon Blvd. Suite #200 Coral Gables, FL 33134		10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City FL Zip Code	
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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 certifying to the change of 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 and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Print Name of 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. Name of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
4565 ASSOCIATES, INC.	3624 Harlano Street	Coral Gables, FL 33134	P98000015009

1000031005894 -- 1  
-10/05/99--01071--003  
\*\*\*1026.25 \*\*\*1026.25

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

12. I 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 9-21-99  
Type or Print Name of General Partner Signing Form John R. Forbes Telephone Number (305) 446-0849

CR2E039 (1/2/98)