

2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A98000000449

1. Entity Name
CAY OF HERON, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -6 PM 4:18

Principal Place of Business
1400 90TH AVENUE
VERO BEACH, FL 32966

Mailing Address
1400 90TH AVENUE
VERO BEACH, FL 32966



2. Principal Place of Business - No P.O. Box #
3400 NORTH FLAGLER DR.
Suite, Apt. #, etc.

3. Mailing Address
WEST PALM BEACH
Suite, Apt. #, etc.

10252007 REIN-LP CR2E100 (1/07)

City & State
WEST PALM BEACH
Zip
33407
Country
USA

City & State
WEST PALM BEACH FL
Zip
33407
Country
USA

4. FEI Number
65-0823869
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MH SOUTH, INC.
1400 90TH AVENUE
VERO BEACH, FL 32961

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. Pursuant to the provisions of section 620.1810 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 Freda Sanderson FREDA SANDERSON, PRES. MH SOUTH, INC. - 10/24/07
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN) DATE

FILE NOW!!! FEE IS \$500.00
After January 1, 2008, Fee will be \$1000.00

☒ In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
P94000082614
MH SOUTH, INC.
1400 90TH AVENUE
VERO BEACH, FL 32961

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
3400 NORTH FLAGLER
WEST PALM BEACH, FL 33407

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
200111991792
11/05/07--01017--016 **508.75

DOCUMENT #
NAME
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STREET ADDRESS
CITY - ST - ZIP

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: Freda Sanderson FREDA SANDERSON 10/24/07 561-655-2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE