

2052.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 JAN 19 AM 10:07
**DOCUMENT # A98000000498****1. Name of Limited Partnership**

11737 Central Parkway, Ltd.

CR2E039 (8/05)

**2. Principal Office Address**

1300 Riverplace Blvd.

**3. Mailing Office Address**

1354 N. Laura St

Suite, Apt. #, etc.

Suite #300

Suite, Apt. #, etc.

City &amp; State

Jacksonville, FL

City &amp; State

Jacksonville, FL

Zip

32207

Country

USA

Zip

32206

Country

USA

**8. Name and Address of Current Registered Agent**

Name

Jack Meeks, CPA

Street Address (P.O. Box Number is Not Acceptable)

1354 N. Laura St.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32206

**4. Date Formed or Registered  
To Do Business in Florida**

2/23/1998

**5. FEI Number**

59-3551239

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:**

196,000

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

0.00

**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 due.
- 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)

DATE 11/23/05

**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
11737 Central Parkway, Inc.	1300 Riverplace Blvd, #300	Jacksonville, FL 32207	P98000017638

 400064897154  
 02/01/06--01075--012 \*\*2052.50

**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.

SIGNATURE

 T. Gordon McMahon  
 T. GORDON MCMAHON

DATE 11/23/05

Typed or Printed Name of General Partner Signing Form

Telephone Number

917-327-0013