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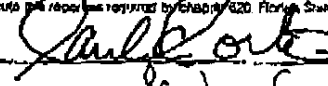
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A980000000498					
1. Name of Limited Partnership 11737 Central Parkway, Ltd.					
2. Principal Office Address 11737 Central Parkway Suite, Apt. #, etc. Suite A City & State Jacksonville, FL Zip 32224		3. Mailing Office Address 11737 Central Parkway Suite, Apt. #, etc. Suite A City & State Jacksonville, FL Zip 32224		4. Date Formed or Registered To Do Business in Florida 2/23/1998	
5. FEI Number 593551239		Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee is quoted for a Certificate of Status					
7a. Capital Contributions as shown on Record: 196,000					
7b. Amount of Capital Contributions in FLORIDA to date: 0					
FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7a, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year plus this office. 2) Supplemental Fee(s): \$49.75 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.					
8. Name and Address of Current Registered Agent Name Paul C. Porter Street Address (P.O. Box Number is Not Acceptable) 11737 Central Parkway Suite, Apt. #, Etc. Suite A City Jacksonville State FL Zip Code 32224					
9. Pursuant to the provisions of sections 820.1051 and 820.102, 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 820.102, 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) 11737 Central Parkway, Inc.	Address of Each General Partner (Or NOT Use Post Office Box Numbers) 11737 Central Parkway, Suite A	City, State and Zip Code Jacksonville, FL 32224	10a. Registration Document Number 798000017638		
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)(d), Florida Statutes. I release the Division of Corporations from any liability of non-conformance with Section 119.07(3)(d) in the event that the information supplied is determined exempt from public records. I further certify that the information included on this annual report is true and accurate and that my signature shall make the above legal effects as if made under oath. I further certify that I am a General Partner of it or limited partnership, receiver or trustee empowered to execute the report as required by Chapter 820, Florida Statutes.					
SIGNATURE 		DATE 11/21-2003			
Typed or Printed Name of General Partner Signing Form Paul C. Porter		Telephone Number (904) 996-7700			

Florida Department of State
Division of Corporations
Public Access System

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LIMITED PARTNERSHIP REINSTATEMENT

11737 CENTRAL PARKWAY, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,282.50

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DIVISION OF CORPORATION

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