PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED PARTNERSHIP REINSTATEMENT | FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS | TE See D |
|---|---|--|
| DOCUMENT # A9800001062 1. Name of Limited Partnership | | 2001 DEC 28 A 10: 51 |
| SARASOTA RENAISSANCE LP | | SEUNT II MY ON UTATE TALLAHASSEE, FLORIDA |
| 2. Principal Office Address - No P.O. Box # 6812 S. FAUL ST | 3. Mailing Office Address | CR2E039 (1/07) |
| Suite, Apt. #, etc. SUITE 201 | Suite, Apt. #, etc. | 4. Date Formed or Registered 04/29/1998 To Do Business in Florida |
| City & State TAMPA, FL | City & State | |
| ^z 33616 ÜSA | Zip Country | 593506365 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required |
| | | for a Certificate of Status |
| 8. Name and Address of | Current Registered Agent | 7. FEES: |
| STANLEY A TARKOW | | Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. |
| Street Address (P.O. Box Number is Not Acceptable) 6812 S. FAUL ST | | Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. |
| \$"ሆነቸ 201 | | A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in |
| TAMPA | State FL 33616 Code | circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived. |
| 9. 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 (Registered Agent Accepting Appointment) Stonley A Tooley Date 13/1/27 | | |
| 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 Toa. Registration Document Number |
| WYNNTON DEVELOPMENT SUB, LLC | | FORTSON, GA 31808 M98000000427 |
| | | 600113081156 12/12/0701044005 **1000.00 |
| | | ENSTATEMENT 66-67 |
| 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 filling is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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. | | |