

A98000001527

827.50

LIMITED
PARTNERSHIP
REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 22 PM 12:39

DOCUMENT # A98000001527

1. Name of Limited Partnership

Twin City Properties, Ltd.

200003855612--0

-05/23/01--01004--014

***752.50 ***700.00

5/22

2. Principal Office Address

4502 Highway 20 East

3. Mailing Office Address

Same

4. Date Formed or Registered
To Do Business in Florida

6/22/98

NJH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3529200

Applied For

Not Applicable

Suite A

City & State

Niceville, FL

City & State

Zip

32578

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$25,000

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

\$25,000

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 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

Dr. Timothy Herndon

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

4502 Highway 20 East

Suite, Apt. #, Etc.

Suite A

City

Niceville

State

FL

Zip Code

32578

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)

[Signature]

DATE

3/12/01

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

Twin City Management
Corporation

4502 Highway 20 East St. A Niceville FL 32578

Alfred Jahr

1214 Oakmont Drive

Niceville, FL 32578

Winfried Glaser

Bonner Str. 50

53424 Remagen/Rolandseck Germany

REINSTATEMENT

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-03/16/01--01042--001

***1727.50 ***827.50

FF 1527.50

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

[Signature]

DATE

03-12-01

Typed or Printed Name of General Partner Signing Form

Dieter Krone

Telephone Number 850-897-4333

CR2E039 (9/00)