## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSH REINSTATEN	43	ORIDA DEPARTI Se intar VISI DE C	SECRETARY OF STATE TILL ABUSTIC FORDA				
DOCUMENT # A9800001754  1. Name of Limited Partnership				**************************************			
LA COVADO	NGA RETIREME	ENT INVESTOR					
9/29/00							
Principal Office Address C/o Norman Ginsparg 820 S.W. 20 <sup>th</sup> Avenue		Mailing Office Address     Williamsburg Retirement Investors, Ltd C/o Norman Ginsparg		4. Date Formed or Registered To Do Business in Florida 07/22/1998			
Suite, Apt. #, etc. N/A		Mailing Office Address 11190 Biscayne Boulevard		5. FEI Number 65-0857683		Applied For	
						Not Applicable	
City & State Miami, Florida		City & State N. Miami, Florida		7/00.	6. S8.75 Additional Fee require for a Certificate of Status		
Zip 33135	Country USA	Zip 33181	Country USA	7a. Capital Contributions as s \$247,500	hown on Re	ecord:	
8. Name and Address of Current Registered Agent Name Norman Ginsparg				7b. Amount of Capital Contributions in FLORIDA to date: \$6,000			
Street Address (P.  11190 Biscayne Bo Suite, Apt. #, etc. N/A  City  North Miami	O. Box Number is Not	State Zip Code FL 33181		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 afficiavit 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 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  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)		General Partner Office Box Number	City, State and Zip Code	10a. <u>r</u>	Registration Document Number	
La Covadonga Re	etirement Living, Inc.	11190 Biscayne Boulevard		North Miami, FL 33181	กลอ	98000064359 	
, Note: Genera	l partners MAY N	OT be changed or	n this form: an an		\$/15/01	23321	
11. Ågo hereby certif the Division of C certify that the im General Partner	y that the information supply opporations from any liability formation indicated on this of the limited partnership of Coyadonga Retizents	ied with this filing is volunta y of non-compliance with So annual report is true and ac geiver or trustee empower	rily furnished and does not ection 119.07(3)(i) in the ev curate, and my signature s	qualify for the exemption stated in Section 1 rent that the information supplied is deemed hall have the same legal effect as if made un required by chapter 620, Florida Statutes.	19.07(3)(i), For exempt from pader oath. I fu	lorida Statutes, I release public access. I further rther certify that I am a	
SIGNATURE BY: DATE 6-//- 0/							
Typed or Printed Name	of General Partner Signing	Form Philip Esformes.	Vice President of Retirement Living, Inc.	Telephone Number 305-	895-4	899	



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED

Please give original submission date as file date.

June 13, 2001

SARA LEA CSC TALLAHASSEE, FL

SUBJECT: LA COVADONGA RETIREMENT INVESTORS, LTD.

Ref. Number: A98000001754

We have received your document for LA COVADONGA RETIREMENT INVESTORS, LTD. and check(s) totaling \$105.00. However, your check(s) and document are being returned for the following:

With your letter, we can waive the \$500.00 a year penalty fees, but the partnership must pay its UBR fee of \$52.50 and its SUPPLEMENTAL FEE of \$88.75 for each year.

Please return your filing with a total of \$282.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Buck Kohr Corporate Specialist

Letter Number: 801A00036264

O1 JUN 14 PH 12: 01

## NORMAN J. GINSPARG 11190 BISCAYNE BLVD. NORTH MIAMI, FLORIDA 33181 305-298-2665 (f)208-977-8727

FILED

OF JUN 13 PH 3: 53

SECRETARY OF STATE
TALLARATE ELECTION

June 12, 2001

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, Fl. 32399

Re: Reinstatement of limited partnerships

## Dear Sir or Madam:

The five limited partnerships listed below have recently learned that they were administratively dissolved for failure to file UBRs. These entities never received the UBRs to file in either 1999 or 2000. Had they received the UBRs, these entities would have timely filed them.

Please accept the enclosed Reinstatement forms and filing fee checks payable to the Department of State, and reinstate these entities.

## Sincerely,

La Covadonga Retirement Investors, Ltd	65-0857683
Jene's Retirement Investors, Ltd	65-0920415
Rainbow Retirement Investors, Ltd	65-0908659
The Pointe Retirement Investors, Ltd	65-0887594
Courtyard Manor Retirement Investors, Ltd.	65-0910043

Norman J. Ginsparg Director of Finance