

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 10 AM 10:33

DOCUMENT # A98000002188

1. Name of Limited Partnership

VIA TUSCANY APARTMENTS ASSOCIATES, LTD.

2. Principal Office Address

265 North Joy Street

3. Mailing Office Address

265 North Joy Street

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Corona, CA

City & State

Corona, CA

Zip

92879

Country

USA

Zip

92879

Country

USA

4. Date Formed or Registered
To Do Business in Florida

9/18/1998

5. FEI Number

59-3534406

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
420 South Orange Avenue

Suite, Apt. #, Etc.

Suite 1200

City

Orlando

State

FL

Zip Code

32801-4904

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records

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)

Rebecca S. Matz Asst. Secretary

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)

TD TUSCANY, LLC

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

265 North Joy Street, Suite 200

City, State and Zip Code

Corona, CA 92879

10a. Registration
Document Number

L03000018958

REINSTATEMENT 04-06

\$1500.00 - Arc

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, Florida Statutes, 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

1/4/06

Typed or Printed Name of General Partner Signing Form

Telephone Number

Waived. No Notice