

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 20 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT #

1. Name of Limited Partnership

A98-2444
Millennium Properties of Gainesville LTD

2. Principal Office Address

4340 Newberry Rd

Suite, Apt. #, etc.

Suite 301

City & State

Gainesville FL

Zip

Country

32607

3. Mailing Office Address

4340 Newberry Rd

Suite, Apt. #, etc.

Suite 301

City & State

Gainesville FL

Zip

Country

32607

**4. Date Formed or Registered
To Do Business in Florida**

10/27/98

5. FEI Number

59-3541941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

14,000

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

860.00

8. Name and Address of Current Registered Agent

Name

Larry Smith

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

4340 Newberry Rd

Suite, Apt. #, Etc.

Suite 301

City

Gainesville

State

FL

Zip Code

32607

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)

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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
			P99000082092
			100003516241-0
			12/28/00-01081-006
			****641.25 ****641.25

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 for 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

DATE

11/3/00

Typed or Printed Name of General Partner Signing Form

Telephone Number