

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # A 98000002617

1. Name of Limited Partnership PR Apartments Limited Partnership

**REINSTATEMENT** 2000

2. Principal Office Address

1951 NE 191 Drive

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip  
33179

Country  
U.S.A.

3. Mailing Office Address

6100 North Meridian

Suite, Apt. #, etc.

City & State

Oklahoma City, OK

Zip  
73112

Country  
U.S.A.

4. Date Formed or Registered  
To Do Business in Florida

11-25-98

5. FEI Number

36-2473843

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:

2,256,760

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

2,256,760

8. Name and Address of Current Registered Agent

Name

Martin Kurzer

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

1951 NE 191 Drive

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33179

**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.

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
Okfla Corporation c/o Melvyn Kushner, President	8501 North Lotus	Skokie, IL 60077	P98000096275
4000003465354--9 -11/15/00--01123--017 ***1026.25 ***1026.25			

**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 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 Melvyn Kushner

DATE Oct. 30, 2000

Typed or Printed Name of General Partner Signing Form

Melvyn Kushner, President

Telephone Number

847-966-0350

CR2E039 (11/99)