

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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10 OCT 28 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

2nd
Please
file after
H1-236152
Thanks

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

10 OCT 28 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LP/LLLP REINSTATEMENT
LENOX COURT ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	013
Estimated Charge	\$1,000.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 OCT 28 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002767

1. Name of Limited Partnership

Lenox Court Associates, Ltd.

2. Principal Office Address - No P.O. Box #

2950 S.W. 27th Avenue

3. Mailing Office Address

2950 S.W. 27th Avenue

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

CR2E039 (05/10)

4. Date Formed or Registered
To Do Business in Florida

12/17/1998

5. FEI Number

65-0881516

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Patricia K. Green

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

2200 Museum Tower, 150 West Flagler Street

Suite, Apt. #, Etc.

Miami

State

FL

Zip Code

33133

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 sections 620.006 and 620.1009, 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 OR AUTHORIZED REPRESENTATIVE)

(REGISTERED AGENT MUST SIGN)

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)

Lenox Court Partners, LLC

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

**2950 S.W. 27th Avenue,
Suite 200**

City, State and Zip Code

Miami, FL 33133

10a. Registration
Document Number

L06000060922

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, F.S. 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 effect 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 section 620, Florida Statutes.

SIGNATURE

DATE **10/26/10**

Typed or Printed Name of General Partner Signing Form

Telephone Number

2010 REINSTATEMENT
OK 10-29-10

FILED

10 OCT 28 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 5, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LENOX COURT ASSOCIATES, LTD.
2950 S.W. 27TH AVENUE, SUITE 200
MIAMI, FL 33133

SUBJECT: LENOX COURT ASSOCIATES, LTD.
REF: A98000002767

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

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) 245-6020.

Tammi Cline
Regulatory Specialist II

FAX And. #: H10000218007
Letter Number: 210A00023491