PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

. . . .

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		ATE.	FILED 10 APR 29 PM 4:			
DOCUMENT # A 99 00000697 1. Name of Limited Partnership						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Clearwater Retail Group, LTD								
2. Principal Office Addre	ess - No F	P.O. Box #	3. Mailing Office Addres			5001785 04/28/1001034-	190: -028	35 **1500.00
6000 Lake Forrest Dr			6000 Lake Forrest Dr			CR2E039		TTI WOUL WO
Suite, Apt. #, etc.	_		Suite, Apt. #, etc.			4. Date Formed or Registered		
Suite 560 City & State			Soite 560 City & State			To Do Business in Florida 1999		
· .	c 4					5. FEI Number Applied For		
Attanta,	Country	v	Zip	Attanta, EA		58-2465165 6.	£9.75. A.	Not Applicable
3032B	้บร	A	30328	USA		CERTIFICATE OF STATUS DESIRED		dditional Fee required Certificate of Status
	_	·	Current Registered Agen	Current Registered Agent		7. FEES: 3485 (05,09	, 10)
Name		n				Filing Fee(s): \$411.25 for each year due this office.		
Harlan Newton Street Address (P.O. Box Number is Not Acceptable)						Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited		
2713 26th Ave Drive West						partnership revoked on our records.		
Suite, Apt. #, Etc.						A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in		
Bradenton FL 342						circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.		
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) (REGISTERED AGENT MUST SIGN)						DATE	4/20	2 10
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 Ge	10. Name(s) of General Partner(s)			Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	-	Registration Document Number
			society of Suite Suite			same	L020	00005267
Bradenton RiverFront Attentured 20128						_		
Properties, LLC						S. HAWKES		
						MAY 0 4	2010	
REIN\$TATEMENT						EVARABIED		
			2008-10			EXAMINER		
FF \$1500,000 \$008-10								
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 filling 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 frue 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 LAOM STALL In. DATE 4-20-2010								
Typed or Printed Name of Ge	eneral Partr	ner Signing Form	Telephone Number4	04-943	-0100			