

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:13

DOCUMENT # *A99 000000 747*

1. Name of Limited Partnership

Platinum Holdings 1999 Ltd.

2. Principal Office Address

Bank of America

Suite, Apt. #, etc.

390 N. Orange Ave Ste 700

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

c/o Bank of America

Suite, Apt. #, etc.

390 N. Orange Ave, Ste 700

City & State

Orlando, FL

Zip

32801

Country

USA

4. Date Formed or Registered
To Do Business in Florida

5/7/1999

5. FEI Number

59-3574942

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E039 (11/05)

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

8. Name and Address of Current Registered Agent

Bank of America Private Bank

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

390 N. Orange Avenue

Suite, Apt. #, Etc.

Suite 700

City

Orlando

State

FL

Zip Code

32801

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

**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
Bank of America NA as Trustee	390 N. Orange Ave Ste 700	Orlando, FL 32801	D030000000 4

STATEMENT 04-06

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 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

Typed or Printed Name of General Partner Signing Form

Amy A. Bock, VP

Telephone Number

10/17/06
407-244-7063