

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 8:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # *A99000001384*

1. Name of Limited Partnership

Sea Villas Limited Partnership

900024876109
11/20/03- 01025--001 **\$41.00

2. Principal Office Address

401 Centre Street

3. Mailing Office Address

1616 Ashley River Rd.

Suite, Apt. #, etc.

2nd FL

Suite, Apt. #, etc.

4. Date Formed or Registered To Do Business in Florida

7/9/1999

5. FEI Number

57-1094492

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State

Fernandina Beach, FL

City & State

Charleston, SC

Zip

32034

Country

US

Zip

29407

Country

US

7a. Capital Contributions as shown on Record:

- 0 -

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

- 0 -

8. Name and Address of Current Registered Agent

Name

Arthur Jacobs I

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

401 Centre Street

Suite, Apt. #, Etc.

2nd FL

City

Fernandina Beach

State

FL

Zip Code

32034

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 due.
- Note: If the amount entered in 7b is greater than amount indicated 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)

Laurel One Corp.

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

401 Centre Street

City, State and Zip Code

*Fernandina Beach, FL
32034*

10a. Registration Document Number

F9900004369

REINSTATEMENT *2003*

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

[Signature]

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (9/03)