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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A99000001630

1. Name of Limited Partnership
Centres Clovis Limited Partnership

MJH

11/27

2. Principal Office Address	3. Mailing Office Address
904 Bluebonnet	P.O. Box 684807
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Austin, TX	City & State: Austin, TX
Zip: 78704 Country: USA	Zip: 78768 Country: USA

4. Date Formed or Registered To Do Business in Florida: 10/05/1999

5. FEI Number: 391975602 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7a. Capital Contributions as shown on Record: 5000.00

7b. Amount of Capital Contributions in FLORIDA to date: 5000.00

8. Name and Address of Current Registered Agent

Name: Michael A. Maldonado
Street Address (P.O. Box Number is Not Acceptable): 5901 NW 151 street
Suite, Apt. #, Etc.: 217
City: Miami Lakes State: FL Zip Code: 33014

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 $1437.50 for each year due this office.
2.) Supplemental Fee(s): $55.75 for each year due this office, beginning with 1982 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year cannot form in sections 1.
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): MA Maldonado DATE: 1-21-03

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
Centres Clovis GP, Inc.	904 Bluebonnet	Austin, TX 78704	P99000087637

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 any kind that may result from subsequent disclosure of this information. 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 Chapter 620, Florida Statutes.

SIGNATURE: _____ DATE: 1/7/03

Typed or Printed Name of General Partner Signing Form: David M. Currey Telephone Number: 512-472-5856

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LIMITED PARTNERSHIP REINSTATEMENT

CENTRES CLOVIS LIMITED PARTNERSHIP

Certificate of Status	1
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