

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
PARTNERSHIP
RESTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A9900000 1632

1. Name of Limited Partnership

CENTRES VILLAGE LIMITED PARTNERSHIP

2. Principal Office Address

9
Suite, Apt. #, etc.
904 BLUEGONNET

City & State
AUSTIN TX

Zip Country
78704 USA

3. Mailing Office Address

PO BOX CENTRES SOUTHWEST
Suite, Apt. #, etc.
PO 684807

City & State
AUSTIN TX

Zip Country
78768 USA

4. Date Formed or Registered
To Do Business in Florida 10-4-99

5. FEI Number

39-1975613

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

45000

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

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 delinquent.
- 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.

8. Name and Address of Current Registered Agent

Name
CORPORATE TRUST COMPANY

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

1701 HAYS ST

Suite, Apt. #, Etc.

1

City State Zip Code
TALLAHASSEE FL 32301

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)

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

City, State and Zip Code

10a. Registration
Document Number

CENTRES VILLAGE P, INC 904 BLUEGONNET
AUSTIN TX 78704

AUSTIN TX 78704

A990000087642

000004960530--6

-02/20/02--01045--014

***326.25 ***150.00

\$141.25-AIC
\$8.75-CUS

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

DATE 2/5/02

Typed or Printed Name of General Partner Signing Form

DAVID M. CREEVY

Telephone Number

572-472-8856

CR2E039 (9/01)

CENTRES SOUTHWEST I, L.L.C.

A Member of the Centres Group



Real Estate Development

P. O. Box 687804

Austin, Texas 78768

Telephone: 512/472-5856

Facsimile: 512/472-5804

www.centressw-austin.com

February 15, 2002

Ms. Gretchen Harvey
Florida Dept. Of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Centres Clovis Limited Partnership
Centres Shaw Limited Partnership
Centres Villa Limited Partnership

Dear Ms Harvey,

I tender herewith an Application of reinstatement of partnership authority of the above together with the fee in the amount of \$ 141.25 each (collectively \$423.75).

I respectfully request that any penalties be waived as I failed to receive notification of failure to file the required reports.

It is my intention to consolidate the three limited partnerships and the corporate general partners prior to May 1, 2002 with a Texas registration.

Additionally please forward certificates of status for each of the entities. I am enclosing the required fee of \$8.75 each (collectively \$26.25). Please send the certificates of status at your earliest convenience to me in the enclosed UPS Overnight envelope.

Yours truly,


David M. Currey

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
PARTNERSHIP
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001630

1. Name of Limited Partnership

CENTRES CLOVIS Limited Partnership

2. Principal Office Address

Suite, Apt. #, etc.

904 Bluebonnet

City & State

Austin TX

Zip

78704

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

PO 684807

City & State

Austin TX

Zip

78768

Country

USA

4. Date Formed or Registered
To Do Business in Florida

10-4-99

5. FEI Number

39-1975602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$ 5,000

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

8. Name and Address of Current Registered Agent

Name

Corporation Finance Company

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

1201 HAYS ST

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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 delinquent.
- 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)

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

CENTRES CLOVIS GP, INC

904 Bluebonnet

Austin TX 78704

P99000087637

200004960532--0

-02/20/02--01045-014

*****926.25 *****150.00

#141.25-AR
\$8.75-CUS

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 prepare this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

2/15/02

Typed or Printed Name of General Partner Signing Form

David M. Curry

Telephone Number

512 472 5856

CR2E039 (9/01)

CENTRES SOUTHWEST I, L.L.C.

A Member of the Centres Group



Real Estate Development

P. O. Box 687804

Austin, Texas 78768

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February 15, 2002

Ms. Gretchen Harvey
Florida Dept. Of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Centres Clovis Limited Partnership
Centres Shaw Limited Partnership
Centres Villa Limited Partnership

Dear Ms Harvey,

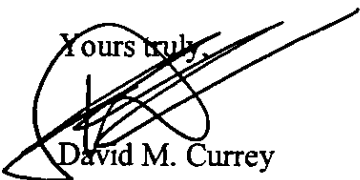
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Yours truly,


David M. Currey

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2001
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REINSTATEMENT
UBR



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Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 499000001631

1. Name of Limited Partnership

CENTRES SHAW LIMITED PARTNERSHIP

400004360534--4

-02/20/02--01045--014

***326.25 ***150.00

2. Principal Office Address

904 Bluebonnet

Suite, Apt. #, etc.

AUSTIN TX

City & State

Zip
78704

Country
USA

3. Mailing Office Address

904 Centres Southwest

Suite, Apt. #, etc.

PO 684807

City & State

AUSTIN TX

Zip

78768

Country

USA

4. Date Formed or Registered
To Do Business in Florida

10.4.99

5. FEI Number

39-1975613

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$5,000

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

8. Name and Address of Current Registered Agent

NAME
CORPORATION SERVICE COMPANY

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

1201 HAYS ST

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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.

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10. Name(s) of General Partner(s)

CENTRES SHAW GP, INC

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

904 Bluebonnet

City, State and Zip Code

AUSTIN TX
78704

10a. Registration
Document Number

P99000087640

\$141.25-PR
\$8.75-CUS

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SIGNATURE

DATE

2/15/02

Typed or Printed Name of General Partner Signing Form

Dennis M Green

Telephone Number

512 472-5856

CR2E039 (9/01)

CENTRES SOUTHWEST I, L.A.C.

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