

JAN-24-2003 03:50P FROM

Division of Corporations

TO: (850) 205-0383

Page 1/6

Page 1/6

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To: Division of Corporations
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From: Account Name : WEB ACCESS TV COMMUNICATIONS INC.
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Phone : (305) 826-9005
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DIVISION OF CORPORATION

LIMITED PARTNERSHIP REINSTATEMENT

CENTRES VILLA LIMITED PARTNERSHIP

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Certificate of Status	1
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Page Count	02
Estimated Charge	\$1,291.25

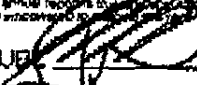
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A 99000001632 1. Name of Limited Partnership Centres Villa Limited Partnership			
2. Principal Office Address 904 Bluebonnet Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 684807 Suite, Apt. #, etc.	
City & State Austin, TX Zip: 78704 Country: USA		City & State Austin, TX Zip: 78768 Country: USA	
4. Date Formed or Registered To Do Business in Florida 10/05/1999			
5. Fee Number 391975613		Applied Fee 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			
9. Filing Fees: Computed at a rate of \$7 per \$1,000 of authorized amount in 7a, with a minimum filing fee of \$65.00 and a maximum of \$437.50, for each state that this entity is registered in. 10. Supplemental Fee: \$98.75 for each year that this entity, beginning with 1992 calendar year. 11. Penalty Fee: \$500 penalty fee for each state that this entity is registered in, if the entity is not in good standing in 7a, a supplemental affidavit must be submitted along with a response and appropriate filing fee.			
12. Pursuant to the provisions of sections 600.1051 and 600.1052, F.S., 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 600.1052, F.S., 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.			
10a. Name(s) of General Partner(s) Centres Villa GP, Inc.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 904 Bluebonnet	City, State and Zip Code Austin, TX 78704	10b. Registration Document Number P99000087642
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
13. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of damages, including attorney's fees, in the event that the information supplied is deemed unreliable from public access. I further certify that the information included on this annual report is true and correct, 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, partnership or limited liability company.			
SIGNATURE 		DATE 1/17/03	
Typed or Printed Name of General Partner Signing Form DAVID M. Currey		Telephone Number 512-472-5856	

H03000031921 7