

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

FILLO
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -7 PM 2:50

DOCUMENT # **B00000000305**

1. Name of Limited Partnership

CMS ENTREPRENEURIAL II ASSOCIATES, L.P.

400004794014--9
-01/24/02--01037--001
****150.00 ****150.00

2. Principal Office Address

c/o CMS Affiliated Partnerships

3. Mailing Office Address

c/o Legal Department

Suite, Apt. #, etc.

One Bala Plaza, Suite 412

Suite, Apt. #, etc.

1926 Arch Street

City & State

Bala Cynwyd, PA

City & State

Philadelphia, PA

Zip

19004

Country

USA

Zip

19103-1484

Country

USA

8. Name and Address of Current Registered Agent

Name

Downing, Grant T. Esq.

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

222 West Comstock Avenue, Suite 101

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

4. Date Formed or Registered

To Do Business in Florida

10/03/2000

5. FEI Number

23-3003878

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:

\$60000

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

\$0

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

MSPS Entrepreneurial II, Inc. One Bala Plaza
Suite 412

Bala Cynwyd, PA 19004

F00000005520

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.

By **MSPS Entrepreneurial II, Inc., general partner**

SIGNATURE

DATE

Oct. 25, 2001

Typed or Printed Name of General Partner Signing Form

John S. Green, Authorized Signatory

Telephone Number

215-246-3000

CR2E039 (9/01)

292

November 1, 2001

VIA OVERNIGHT DELIVERY

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
Attn: Partnership Section

**Re: CMS Entrepreneurial II Associates, L.P.
Document #F00000005520**

CMS

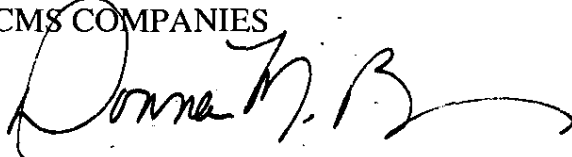
To whom it may concern:

Florida's Form Application for Reinstatement for CMS Entrepreneurial II Associates, L.P. was delivered by overnight delivery on October 26, 2001, along with check no. 68138 for \$650.00. The fees represented the standard Filing Fee, Supplemental Fee, Certificate of Status fee, and Penalty Fee.

We do not believe we should be responsible for the \$500.00 Penalty Fee since the **original business report notices were not received** by the Limited Partnership. Not until I called the Department about another affiliated and heard the Department's voice recording was I aware that this waiver was available. **We respectfully request a refund of \$500 and apologize for the inconvenience.**

Sincerely,

CMS COMPANIES



Donna M. Becker
Compliance Officer

Direct Dial: (215) 246-3017
Email: dmb@cmsco.com

DMB/003689364
Enclosure