

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 30 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000360

1. Name of Limited Partnership

Elmcroft of Jacksonville, LP

2. Principal Office Address

4801 Olympic Park Plaza

Suite, Apt. #, etc.

1400

City & State

Louisville, Ky

Zip

40241

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

10-19-01

5. FEI Number

52-2346522

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:

320,000.-

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

320,000.-

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

Andy L. Schaept

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

830 Gulf Shore Drive # 5095

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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)

No Change

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)

Elmcroft GP Inc

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

4801 Olympic Park Plaza
Suite 1400

Louisville, Ky 40241

City, State and Zip Code

Louisville, Ky 40241

10a.

Registration
Document Number

B01000000360

800008701078
10/30/02--01083--003 **1035.00

REINSTATEMENT 2002

AL

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

Gary A. Smith, Sr

DATE

10/28/02
(582) 425-0544

Typed or Printed Name of General Partner Signing Form

Gary A. Smith, Sr

Telephone Number

(582) 425-0544

CR2E039 (10/02)