

B02000000100

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B02000000100

1. Name of Limited Partnership

Metra Westwood, L.P.

2. Principal Office Address - No P.O. Box #
1800 Valley View Lane

3. Mailing Office Address
1800 Valley View Lane

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Dallas, TX

City & State
Dallas, TX

Zip
75234

Country
USA

Zip
75234

Country
USA

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

9. Pursuant to the provisions of section 620, 620.10 or 620.1008, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

Jeffrey D. Butterfield

Assistant Secretary

SIGNATURE (Registered Agent Accepting Appointment)

DATE 02/26/2007

(REGISTERED AGENT MUST SIGN)

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

Metra Westwood GP, LLC

7700 Congress Avenue,
Suite 3106

Boca Raton, FL 33487

B02000000100

REINSTATEMENT

04-07

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 exemptions contained in Chapter 119, Florida Statutes. I realize the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 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

Bradley J. Kyles

Bradley J. Kyles, Vice President of GP

DATE 2/26/07

Telephone Number (469) 522-4372

Typed or Printed Name of General Partner Signing Form

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR - 1 AM 8:25

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CR2ED39 (1/07)

4. Date Formed or Registered
To Do Business in Florida 03/25/2002

5. FEEL Number
010616897

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$575 Additional Fee required
None Applicable to this Status

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$65.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

☐ A \$500 penalty is due for each year or part thereof the entity's
certificates of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

BO2000000100

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

07 MAR - 1 AM 8:25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LP/LLP REINSTATEMENT

METRA WESTWOOD, LP

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