

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM

**B02000000104**

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 03 6 00 PM '03 451 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **B02000000104**

1. Name of Limited Partnership

WHSLA Real Estate Limited Partnership

9/26/03

2. Principal Office Address

5102 W Laurel St

3. Mailing Office Address

c/o Arent Fox, ATTN: Tara V.

4. Date Formed or Registered  
To Do Business in Florida

3/26/02

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

1050 Connecticut Ave, NW

5. FEI Number

75-2711972

Applied For

Not Applicable

City & State

Tampa, Florida

City & State

Washington, DC

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

Zip

33607

Country

USA

Zip

20036

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 Plantation Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

7a. Capital Contributions as shown on Record: 0

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.

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

SIGNATURE (Registered Agent Accepting Appointment)

*Connie Bryan*

10/16/03

**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)

WHSLA Gen-Par, Inc.

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

5102 W Laurel St, Suite  
700

City, State and Zip Code

Tampa, Florida 33607

10a. Registration  
Document Number

F02000001500

200021016382  
10/23/03--01003--008 \*\*\$41.25

**REINSTATEMENT 2003**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1. 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

*Ron Bernstein*

DATE

October 14, 2003

Typed or Printed Name of General Partner Signing Form

Ron Bernstein, VP of WHSLA Gen-Par Inc

Telephone Number

212-902-1000

CR2E039 (10/02)