

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2
9-15-06
1,000.00

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -3 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B02000000175

1. Name of Limited Partnership

Weldon Townhouses, LLLP

2. Principal Office Address

751 Park of Commerce Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 128

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33487

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Nancy Colman, c/o Dreier Baritz & Colman Baritz & Colman LLP.

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

150 East Palmetto Park Road

Suite, Apt. #, Etc.

Suite 750

City

Boca Raton

State

FL

Zip Code

33432

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

52-2038875

Applied For

Not Applicable

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

CR2E039 (11/05)

7. FEES:

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

Supplemental Fee(s): \$88.75 for each year due this office.

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

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Nancy B. Colman

REGISTERED AGENT MUST SIGN

DATE

9/22/06

**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

Weldon, Inc.

751 Park of Commerce Drive, Suite 128

Boca Raton, FL 33487

F02000002528

30008161773
11/09/06--01004--023 **500.00

REINSTATEMENT

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 release 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 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

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number



TriStar
Management
Inc.

2 of 2
FILED
06 NOV -3 PM 1:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 25, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref. Number: B02000000175

This letter is to request a waiver of the penalty fee for Weldon Townhouses Limited Liability Partnership. The notification card for this entity was not received and this oversight on our part.

We are requesting that this Weldon Townhouses Limited Liability Partnership be reinstated to Good Standards.

Enclosed are the following items:

- 1.) The state original application with the signature of the Registered Agent.
- 2.) Check #1144 for \$ 500.00.
- 3.) Copy of letter Number 906A00060488

Should you need any further documentation, please contact this office
(561) 982-7770.

Cordially,

Velvia Rolle
Account Payable Administrator