B03000000291

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 APR -5 AM 8:51

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000089085 3)))

H07000089085ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LP/LLLP REINSTATEMENT

CAUSEWAY TOWERS LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$2,008.75

RECEIVED
07 APR -5 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JB

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 APR -5 AM 8:51

CR2E039 (1/07)

DOCUMENT # B03000000291

1. Name of Limited Partnership

Causeway Towers Limited Partnership

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
724 North East Avenue		1700 Seaport Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		4th Floor	
City & State		City & State	
Miami FL		Redwood City, CA	
Zip	Country	Zip	Country
33132		94063	USA

4. Date Formed or Registered To Do Business in Florida: *August 21, 2003*

5. FEI Number: 47-0895927 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: CT Corporation System

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

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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.

☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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.

9. Pursuant to the provisions of section 620.1610 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.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

SIGNATURE (Registered Agent Accepting Appointment) *Connie Bryan* (REGISTERED AGENT MUST SIGN) DATE *April 5, 2007*

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
Hyperion Development Group, Inc.	724 N.E. 2nd Avenue	Miami, FL 33132	F03000003904

REINSTATEMENT *2006-07*

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 does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of noncompliance 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 report or supplemental 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 *[signature], manager* DATE *2/23/07*

Typed or Printed Name of General Partner Signing Form ______ Telephone Number ______