

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 11 AM 9:42

DOCUMENT # B93000000303

1. Entity Name  
BRIARWOOD MOBILE HOME PARK ASSOCIATES,  
LIMITED PARTNERSHIP



Principal Place of Business  
BRIARWOOD M.H. PARK  
4002 SMITH RYALS RD., LOT #45  
PLANT CITY, FL 33567

Mailing Address  
BRIARWOOD M.H. PARK  
4002 SMITH RYALS RD., LOT #45  
PLANT CITY, FL 33567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072005 REIN-LP CR2E100 (6/04)

4. FEI Number  
38-3113457

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOREMAN, MARGARET  
4002 SMITH RYALS RD., LOT 45  
PLANT CITY, FL 33567

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$272,000.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P34614  
NAME D.R.S. REALTY, CO.  
STREET ADDRESS 8522 GOLFSIDE DR.  
CITY-ST-ZIP COMMERCE, MI 48382

STREET ADDRESS

CITY-ST-ZIP

20086097-4042  
10/27/05--01045--010 \*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

REINSTATEMENT 2005

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Betty Schenk

Betty Schenk

10/1/05

248-363-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE