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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LP/LLP REINSTATEMENT
BUZZMAN PARTNERS II, LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

RECEIVED
10 OCT 21 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 OCT 21 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (05/10)

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # B94000000300

1. Name of Limited Partnership

Buzzman Partners II, Limited Partnership

2. Principal Office Address - No P.O. Box #
2795 E Cottonwood Pkwy

3. Mailing Office Address
2795 E Cottonwood Pkwy

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State
Salt Lake City, UT

City & State
Salt Lake City, UT

Zip
84121

Country

Zip
84121

Country

4. Date Formed or Registered
To Do Business in Florida 7/27/1994

5. FEI Number
232771843

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT Corporation

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

9. Pursuant to the provisions of section 620.1010 or 620.1009, 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)

Alfred M. ...
(REGISTERED AGENT MUST SIGN)

DATE 10/21/10

**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
ESS PR ISA LLC	2795 E Cottonwood Pkwy #400	Salt Lake City, UT 84121	M05000003677

REINSTATEMENT 10/21/10

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 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

Charles L. Allen

DATE October 19, 2010

Typed or Printed Name of General Partner Signing Form

Charles L. Allen for ESS PRISA II, LP

Telephone Number 801-562-5556