

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # B95000000010

1. Name of Limited Partnership

COOLIDGE-KEY LARGO EQUITIES LIMITED PARTNERSHIP

2. Principal Office Address

One West Red Oak Lane

Suite, Apt. #, etc.

City & State

White Plains, NY

Zip

10604

Country

USA

3. Mailing Office Address

One West Red Oak Lane

Suite, Apt. #, etc.

City & State

White Plains, NY

Zip

10604

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 Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**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)

Coolidge-Key Largo Realty  
Corp.

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

One West Red Oak Lane

City, State and Zip Code

White Plains, NY 10604

10a. Registration  
Document Number

F95000000119

400004706164-9

**REINSTATEMENT 2001**

BK

**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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for 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 the filing as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

11/16/01

Typed or Printed Name of General Partner Signing Form

Howard Parnes, as its President

Telephone Number

1-914-694-6070

FILED

01 DEC -5 PM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E038 (9/01)



# B95000000010

(2)

ACCOUNT NO. : 072100000032

REFERENCE : 575733 7107883

AUTHORIZATION :

*Patricia Pizote*

COST LIMIT : \$ 1035.00

ORDER DATE : December 5, 2001

ORDER TIME : 10:37 AM

ORDER NO. : 575733-005

CUSTOMER NO: 7107883

CUSTOMER: W. Scott Callahan, Esq  
Stump Storey & Callahan, P.a.  
37 North Orange Ave.  
Suite 200  
Orlando, FL 32801

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01 DEC -5 PM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: COOLIDGE-KEY LARGO  
EQUITIES LIMITED PARTNERSHIP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
01 DEC -5 AM 11:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA