

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # B95000000045

1. Name of Limited Partnership

BARKLEY PLACE II LIMITED PARTNERSHIP

2. Principal Office Address

621 East Pratt Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Baltimore MD

City & State

Zip

21202

Country

USA

Zip

Country

4. Date Formed or Registered  
To Do Business in Florida

2/8/95

5. FEI Number

52-1596586

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

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

**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)

*Bonnie C. Schuman - Post Key*

DATE

5/18/06

(REGISTERED AGENT MUST SIGN)

**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

SCA SUCCESSOR II, INC.

621 East Pratt Street

Baltimore MD 21202

F04000002981

**REINSTATEMENT 2000-2005**

100075102161  
05/23/06--01051--002 \*\*7000.00

100075102161  
05/23/06--01051--003 \*\*8.75

**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

Mark K. Joseph

DATE

5/17/06

Typed or Printed Name of General Partner Signing Form

President of General Partner

Telephone Number

443-263-8900