

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**

2017 JUN -2 AM 9:31

SECRETARY OF STATE  
JULIAN R. GARCIA, JR.

700299851437

CR2E039 (1/11)

**DOCUMENT #** B95000000191

1. Name of Limited Partnership

Related Independence Associates, Limited Partnership

2. Principal Office Address - No P.O. Box #  
1225 17th Street

3. Mailing Office Address  
1225 17th Street

Suite, Apt. #, etc.  
STE 1400

Suite, Apt. #, etc.  
STE 1400

City & State  
Denver, Colorado

City & State  
Denver, Colorado

Zip Country  
80202 USA

Zip Country  
80202 USA

4. Date Formed or Registered  
To Do Business in Florida 05/30/1995

5. FEI Number  
13-3589919

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**

Name  
C T Corporation System

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

Suite, Apt. #, Etc.

City Plantation

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.

**E-mail Address:**

kenaya.canacho@aldentorch.com

E-Mail address to be used for future annual report notices.

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)

*Agnes Broszczak*

Agnes Broszczak, Asst. Secretary

DATE

6/1/2017

(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

Independence Associates GP, LLC

1225 17th Street, STE 1400

Denver, Colorado 80202

M04000001488

**REINSTATEMENT**

JUN 02 2017

R. HUNT

**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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE**

Please See Attached

DATE 05/31/2017

Typed or Printed Name of General Partner Signing Form Independence Associates GP, LLC

Telephone Number

Related Independence Associates, Limited Partnership

By: Independence Associates GP, LLC, its general partner

By: Centerline Manager LLC, its manager

By: Centerline Affordable Housing Advisors LLC, its sole member

By: Centerline Capital Group LLC, its sole member

By: 

Name: Alison Wadle

Title: Executive Vice President and Secretary

JUN 02 2017

R. HUNT

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 6/21/17  
ACCT. I20160000072

*en: c SW*

Name:	Related Independence Associates
Document #:	
Order #:	10510653

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

<u>Filing:</u>	<u>Certified:</u>
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 3052.50

JUN 02 2017

R. HUNT

Thank you!

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2017 JUN -2 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 02 2017

R. HUNT