

B96000000174

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000110640 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GUNSTER, YOKLEY, ETAL. (WEST PALM BEACH)
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 655-5677

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 29

AL

LIMITED PARTNERSHIP REINSTATEMENT

COOLIDGE-VALENCIA EQUITIES LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,026.25

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 29 PM 4:28

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01 OCT 29

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # B96000000174			
1. Name of Limited Partnership Coolidge-Valencia Equities Limited Partnership			
2. Principal Office Address 455 Central Park Avenue Suite, Apt. #, etc. Suite 308 City & State Scarsdale, NY Zip 10583		3. Mailing Office Address 455 Central Park Avenue Suite, Apt. #, etc. Suite 308 City & State Scarsdale, NY Zip 10583	
4. Date Formed or Registered To Do Business in Florida 5/16/1996		5. FEI Number 13-3889027	
6. CERTIFICATE OF STATUS DESIRED ☐		7a. Capital Contributions as shown on Record: \$1,481,666.59	
7b. Amount of Capital Contributions in FLORIDA to date: \$1,481,666.59		FEE: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
8. Name and Address of Current Registered Agent Name W. Scott Callahan Street Address (P.O. Box Number is Not Acceptable) 37 North Orange Avenue Suite, Apt. #, Etc. Suite 200 City Orlando			
State FL Zip Code 32802-3388			
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named 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) <i>[Signature]</i> DATE 10/23/01			
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-Valencia Realty Corp.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 455 Central Ave., #308	City, State and Zip Code Scarsdale, NY 10583	10a. Registration Document Number F96000002464
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)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) 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 <i>[Signature]</i> DATE 10/23/01 Typed or Printed Name of General Partner Signing Form W. SCOTT CALLAHAN Telephone Number _____			

(01/01) 6503203