

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
98 APR 28 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

B96000000474

1. Name of Limited Partnership

WILLA SPRINGS APARTMENTS, L.P.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

ONE CALIFORNIA STREET

SUITE 1400

CITY & STATE  
SAN FRANCISCO, CA

Zip Country  
94111 USA

3. Principal Office Address

ONE CALIFORNIA STREET

SUITE 1400

CITY & STATE  
SAN FRANCISCO, CA

Zip Country  
94111 USA

4. Date Formed or Registered  
To Do Business in Florida

12/10/96

5. FEI Number

94-3255632

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required  
for a Certificate of Status

7. State or Country of Formation CALIFORNIA

8a. Capital Contributions as Shown  
on Record

11,500,000.00

8b. Amount of Capital Contributions in  
FLORIDA to date:

11,500,000.00

**FEES:** (1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. If changed, new registered agent/office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620 105.1 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.**

11. Names of General Partner(s)

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

City, State and Zip Code

11a. Registration  
Document Number

WS APARTMENTS, INC.

ONE CALIFORNIA ST  
SUITE 1400

SAN FRANCISCO, CA  
94111

F96000006445

9000002511379--7  
-05/05/98--01106--014  
\*\*\*1026.25 \*\*\*1026.25

REINSTATEMENT

CM

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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

*H. Howerton*

DATE

4/23/98

Herman H. Howerton, VP, GC & Sec of WS Apartments, Inc.

Telephone Number

(415) 678-2000

CR2E039 (12/97)