

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **B977000000241**

1. Name of Limited Partnership

**SPANISH TRACE OF ORLANDO, LTD**

2. Principal Office Address - No P.O. Box #

**1930 STONEGATE DR**

3. Mailing Office Address

**1930 STONEGATE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BIRMINGHAM, AL**

City & State

**BIRMINGHAM, AL**

Zip

**35242**

Country

**USA**

Zip

**35242**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**JAMES PANICO**

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

**111 SOUTH MAITLAND**

Suite, Apt. #, Etc.

City

**MAITLAND**

State

**FL**

Zip Code

**32751**

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)

(REGISTERED AGENT MUST SIGN)

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)

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

City, State and Zip Code

10a. Registration  
Document Number

**SPANISH TRACE OF  
ORLANDO, INC**

**1930 STONEGATE DR**

**BIRMINGHAM, AL 35242**

**F97000002672**

**REINSTATEMENT**

**2006-09**

**S. HAWKES**

**SEP 01 2009**

**EXAMINER**

**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

DATE

**8/27/09**

Typed or Printed Name of General Partner Signing Form

Telephone Number

**FILED**  
**09 SEP -1 PM 3:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**700160133477**  
**08/31/09--01055--011 \*\*2000.00**

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