

74900000528

1082

DOCUMENT # B97000000528

1. Entity Name  
EAGLE SHOALS, LIMITED PARTNERSHIP



FILED

03 DEC -2 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O EAGLE POINT APTS.  
15501 BRUCE B. DOWNS BLVD.  
TAMPA FL 33647

Mailing Address  
C/O EAGLE POINT APTS.  
15501 BRUCE B. DOWNS BLVD.  
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-4654125

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$990.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F97000005249  
NAME 7950 SHOALS, INC.  
STREET ADDRESS 11766 WILSHIRE BLVD, SUITE 1450  
CITY-ST-ZIP LOS ANGELES CA 90025

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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600025165516  
12/02/02 01001 010 \*\*\*990.00

REINSTATEMENT  
2002

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2082

November 13, 2003

VIA CERTIFIED MAIL

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

**RE: JRK-Orlando Partners, L.P.  
Eagles Shoals, L.P.**

To Whom It May Concern:

This letter is being written with regard to the revocation of the right to transact business in the State of Florida by the above referenced entities. I have attached copies of our firm's files as it relates to these filings. The original annual forms were mailed on January 23, 2003 and stamped as such along with the required check.

I am prepared to sign the necessary affidavits under oath that these items were sent timely. I am forwarding a replacement check and am asking these entities be reinstated.

Thank you for your assistance in this matter.

Very truly yours,



John S. McKee  
Senior Consultant



Asset Management Inc

11766 Wilshire Blvd.

Suite 1450

Los Angeles

California 90025

Tel . 310.268.8344

Fax . 310.268.7943