1 of 2

2005 LIMITED PARTNERSHIP REINSTATEMENT

2005 AUG -4 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000052

1. Entity Name
CYPRESS LAKE HOTEL LIMITED PARTNERSHIP

Principal Place of Business
~~3700 NE 28TH AVENUE~~
~~LIGHTHOUSE POINT, FL 33064~~

Mailing Address
~~3085 N.W. 64TH COURT~~
~~PARKLAND, FL 33076~~

08032005 REIN-LP CR2E100 (6/04)

2. Principal Place of Business: 7090 Cypress Terrace	3. Mailing Address: 3700 NE 28th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers, FL	City & State: Lighthouse Point FL
Zip: 33907 Country: USA	Zip: 33064 Country: USA

4. FEI Number: 04-3388943 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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: Stacey M. Rosenthal, Vice President and Assistant Secretary — DATE 8/4/2005

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

9. Capital Contributions as Shown on record.	$1,641,000.00	10. Amount of Capital Contributions in FLORIDA to date.	1,641,000.00

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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000003417	STREET ADDRESS	
NAME	RDA INVESTMENTS, INC.		
STREET ADDRESS	13217 RIDGE DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	ROCKVILLE, MD 20850		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

REINSTATEMENT 8-4-05

STAPLE CHECK HERE

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: Richard C. Vilardo 8/3/05 301-340-6324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

2882

Florida Department of State
Division of Corporations
Public Access System

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.

(((H05000186597 3)))

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

RECEIVED
05 AUG -4 AM 11:31
DIVISION OF CORPORATION

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

2005 AUG -4 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

CYPRESS LAKE HOTEL LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$2,061.25

Electronic Filing Menu Corporate Filing Public Access Help