

H0500013001303  
2005 MAY 23 11:11 AM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> B98000000320			
1. Name of Limited Partnership 3813 Sand Cove, L.P.			
2. Principal Office Address 43205 Andyville Lane State, Apt. #, etc.		3. Mailing Office Address same State, Apt. #, etc.	
City & State Antioch, IL		City & State	
Zip 60002	Country US	Zip	Country
4. Date Filing or Reinstatement To Do Business in Florida 5/22/1998			
5. FEI Number 364228757		6. Registered Pay NO Application	
7. Capital Contributions as shown on Record \$1000.00			
8. Amount of Capital Contributions in Florida in Year \$1000.00			
9. Name and Address of Current Registered Agent Corporation Service Company 1201 Rays Street Tallahassee, FL 32301-2525		10. Filing Instructions 1) Filing Fee: \$100.00 2) Annual Report: \$10.00 3) Renewal Fee: \$10.00	
11. Signature of Janet Budhu, Asst. Vice President 5/16/05			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
12. Name of General Partner 3813 Sand Cove, Inc.	13. Address of General Partner 43205 Andyville Lane	14. City, State and Zip Code Antioch, IL 60002	15. Registration Number F98000002860
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
16. I, the partner certify that the information supplied on this form is voluntarily furnished and does not constitute an admission of liability for the conduct stated in Section 1. I understand that the information provided on this form is subject to audit and review by the Department of State. I understand that the information provided on this form is subject to audit and review by the Department of State. I understand that the information provided on this form is subject to audit and review by the Department of State.			
SIGNATURE Sandra Baschetti		DATE 5-16-05	
Typed or Printed Name of General Partner Signing Form Sandra Baschetti		Telephone Number 847-833-6862	

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Florida Department of State  
Division of Corporations  
Public Access System

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

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

LIMITED PARTNERSHIP REINSTATEMENT

3813 SAND COVE, L.P.

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