

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 12 AM 10:29

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

CR2E039 (1/07)

DOCUMENT # B98000000320

1. Name of Limited Partnership

3813 Sand Cove, L.P.

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

893 Tiffany Road

Suite, Apt. #, etc.

office

City & State

Antioch, IL

Zip

60002

Country

USA

3. Mailing Office Address

893 Tiffany Road

Suite, Apt. #, etc.

office

City & State

Antioch, IL

Zip

60002

Country

USA

4. Date Formed or Registered To Do Business in Florida

5-22-1998

5. FEI Number

364228757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1809, Florida Statutes, I hereby accept the appointment of registered agent and family will not accept the obligations of Chapter 620, Florida Statutes

Carina L. Dunlap

Asst. Vice President

DATE

9/10/07

SIGNATURE (Registered Agent Accepting Appointment)

*Carina L. Dunlap*  
(REGISTERED AGENT MUST SIGN)

**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)

3813 Sand Cove, Inc.

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

893 Tiffany Road - office

City, State and Zip Code

Antioch, IL 60002

10a. Registration Document Number

F98000002860

000109585280

09/19/07--01067--015 \*\*1008.75

**REINSTATEMENT**

BLT

2006-2007

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

*Sandra Baschetti*

DATE

9-6-2007

Typed or Printed Name of General Partner Signing Form

Sandra Baschetti

Telephone Number

847-833-6862