

B9800000580

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 MAY 13 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B98000000580

1. Name of Limited Partnership

CMS/Byron Hall, L.P.

9/28/01

2. Principal Office Address

1996 S. Kirk Road

Suite, Apt. #, etc.

Suite 320

City & State

Geneva, Illinois

Zip

60134

Country

U.S.A.

3. Mailing Office Address C/o Thomas F. Brett, II - Ungaretti & Harris

3500 Three First National Plaza

Suite, Apt. #, etc.

Chicago, IL 60602

City & State

Chicago, Illinois

Zip

60602

Country

U.S.A.

4. Date Formed or Registered

To Do Business in Florida 9/28/1998

5. FEI Number

36-4251541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

-0-

7b. Amount of Capital Contributions in FLORIDA to date:

-0-

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33224

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fees: \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

DATE

5/13/02

SIGNATURE (Registered Agent Accepting Appointment)

Connie Bryan

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

CMS/Byron Hall, Inc.

1996 S. Kirk Road
Suite 320

Geneva, Illinois
60134

F98000005416

Adm 1000.00

AR 105.00

AR 177.50

1,282.50

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-05/24/02--01011--001
***1282.50 ***1282.50

REINSTATEMENT 2001-2002

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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.

CMS/Byron Hall, Inc., General Partner

SIGNATURE

By: Thomas F. Brett, II

DATE

5/10/02

Typed or Printed Name of General Partner Signing Form

Thomas F. Brett, II, Secretary

Telephone Number 630-232-2020

CMS/Byron Hall, Inc.