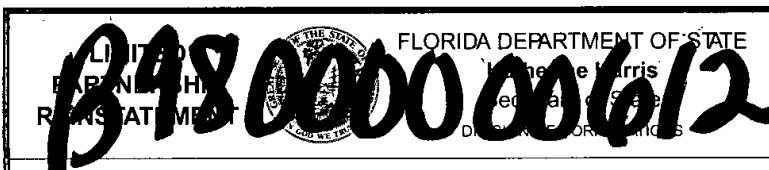


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

FILED

01 NOV 19 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000612

1. Name of Limited Partnership

NORTHSHORE HAMMOCK, L.P.

2. Principal Office Address

1 FLORIDA PARK DR. S.

Suite, Apt. #, etc.

SUITE 300

City & State

PALM COAST, FL

Zip

32137

Country

3. Mailing Office Address

1 FLORIDA PARK DR. S.

Suite, Apt. #, etc.

SUITE 300

City & State

PALM COAST, FL

Zip

32137

Country

8. Name and Address of Current Registered Agent

Name

C T 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

33324

4. Date Formed or Registered
To Do Business in Florida

OCTOBER 16, 1998

5. FEI Number

59-3536405

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:

\$29,000,000.00

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

\$9,075,000.00

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 Fee(s): \$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.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**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)

NORTHSHORE GP, LLC

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

1 FLORIDA PARK DR. S. PALM COAST, FL
SUITE 300 32137

City, State and Zip Code

10a. Registration
Document Number

M98000001199

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-12/07/01--01036-024
***1026.25 ***1026.25

REINSTATEMENT

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.

SIGNATURE

DATE

10/21/01

Typed or Printed Name of General Partner Signing Form

EDWARD R. GINN III, Mar.

Telephone Number

386-446-8446

CR2E039 (9/01)