## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## LIMITED PARTNERSHIP REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

2003 MAY 13 PM 5: 00

DIVISION OF CORPORATIONS FALEAHASSEE, FLORIDA

## DOCUMENT # B9900000321

1. Name of Limited Partnership

C.F. Fountain Square Associates Limited Partnership

Typed or Printed Name of General Partner Signing Form C. F. Fountain Square G.P., Ltd.

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2. Principal Office Address 3200 South First Street		1	3. Mailing Office Address 57 Wells Avenue		4. Date Formed or Registered To Do Business in Florida 08/27/1999			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		■ 04-3480740 <del>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</del>		Applied For Not Applicable	
City & State———————————————————————————————————		Newton, MA	Newton, MA		CERTIFICATE OF STATUS DESIRED 58.75. Additional Eco-requirec.			
Zip 78704	Country	Zip 02459	Country		7a. Capital Contributions as shown on Record: \$1,350,000			
8. Name and Address of Current Registered Agent					<b>7b.</b> Amount of Capital Contributions in <b>FLORIDA</b> to date: \$1,600,000			
Name Tammy L. Burgett  Co Fountain Square Rental Office Street Address (P.O. Box Number is Not Acceptable), 333 Laurina Street Suite, Apt. #, Etc.  City Jacksonville  State Zip Code Jacksonville FL 32216					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.			, ,
for the purpose of a agent, I am familian SIGNATURE (Registered	changing its registered office or re rwith, and accept the obligations of Agent Accepting Appointment).  L PARTNER THAT	gistered agent, or both, in the of section 620.192, Florida St	e State of Florida. Such change adules.	PAR	ized or registered under the laws of the State or registered by its general partner(s). I hereby according to the State of	1/21/6	ment of registered	CR2E039 (9/01)
10. Name(s) of General Partner(s)		Address o	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code		10a. Registration Document Number	
C.F. Fountain Square G.P., Ltd. 57 Wells Avenue			New	500003320 50000316735! 05/14/0301004004 ** 500001396 11-77-02 01002 009 \$2052.50			<u> </u>	
<u>-</u>	·· <del>·····</del>			<u> </u>	05/14/03~-0100	<u> </u>		
	<u> </u>				ent must be filed to char		· _	l
11. I do hereby cent Corporations fro on this annual re trustee empower	ify that the information supplied with many liability of non-compliance report is true and accurate and that red to execute this report as equi	th this filling is voluntarily being which section 119,07(3)(3)(1) being signature shall be to the receive the property chapter set of florida s	ished and dess not quality for to everify that the information sup- sand legal effects as if made u infolles	he exemp plied is d nder oath	tion stated in Section 119.07(3)(i), Florida St eerned exempt from public access, 1 further . I further certify that I am a General Partner	atutes. I release certify that the in of the limited part	the Division of nformation indicated rtnership, receiver or	