B99000000328

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

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

FILED
00 OCT 20 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT# B99000000328

1. Name of Limited Partnership: CMS Grand Apartments, L.P.

9/29/2000

2. Mailing Address: 1996 So Kirk	**3.** Principal Office Address: SAME	**4.** Date Formed or Registered To Do Business in Florida: 9/1/00	
Suite, Apt. #, etc.: Road, Ste. 320	Suite, Apt. #, etc.	**5.** FEI Number: 36-4314986	☐ Applied For ☐ Not Applicable
City & State: Geneva, IL	City & State	**6.** CERTIFICATE OF STATUS DESIRED ☐	
Zip: 60134 Country:	Zip Country	**7.** State or Country of Formation	

8a. Capital Contributions as Shown on Records: 5,000,000

8b. Amount of Capital Contributions in FLORIDA to date: ALL 5,000,000

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $43.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year record form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. 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) Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY DATE 10/20/2000

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	**11a.** Registration Document Number
CMS Grand Apartments, Inc.	1996 S. Kirk Rd. Ste. 320	Geneva, IL 60134	F99000004535

200003447142--3
-11/01/00--01049--020
***1035.00 ***1035.00

REINSTATEMENT 2000

BJC 04

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k) 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 Thomas F Breth II DATE 10/18/00

Typed or Printed Name of General Partner Signing Form *THOMAS F. BRETH II Telephone Number

FL072 - 6/13/00 CT System Online

*SECRETARY OF GP, CMS GRAND APARTMENTS, INC