

2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 30 AM 10:09

DOCUMENT # A00000000285

1. Entity Name
CIMA FRANCA INVESTMENTS, LLLPPrincipal Place of Business
121 HICKORY CREEK BOULEVARD
BRANDON, FL 33511Mailing Address
121 HICKORY CREEK BOULEVARD
BRANDON, FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10182005 REIN-LP CR2E100 (6/04)

4. FEI Number

59-0625481

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIMA FRANCA, JUDITH A
121 HICKORY CREEK BOULEVARD
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,100,000

In accordance with s. 807.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
CIMA FRANCA, JUDITH A
121 HICKORY CREEK BOULEVARD
BRANDON, FL 33511STREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPSTREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPSTREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPSTREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPSTREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPSTREET ADDRESS
CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 820, Florida Statutes.

SIGNATURE:

Judith A. Cimafranca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10-27-05 (813) 685-7744

Date

Daytime Phone #

JUDITH A. CIMA FRANCA

STAPLE CHECK HERE