

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 OCT 21 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000343

**1. Name of Limited Partnership**

HUNTINGBURG PARTNERS, LTD.

**2. Principal Office Address - No P.O. Box #**  
5294 SUMMERLIN COMMONS WAY

**3. Mailing Office Address**  
5294 SUMMERLIN COMMONS WAY

Suite, Apt. #, etc.  
SUITE 1203

Suite, Apt. #, etc.  
SUITE 1203

City & State  
FORT MYERS, FLORIDA

City & State  
FORT MYERS, FLORIDA

Zip Country  
33907 USA

Zip Country  
33907 USA

**4. Date Formed or Registered To Do Business in Florida** 02-24-2000

**5. FEI Number** 65-0991110 Applied For Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
D. TODD MCGEE

Street Address (P.O. Box Number is Not Acceptable)  
5294 SUMMERLIN COMMONS WAY

Suite, Apt. #, Etc.  
SUITE 1203

City State Zip Code  
FORT MYERS FL 33907

**7. FEES:**

**Filing Fee(s):** \$411.25 for each year due this office.

**Supplemental Fee(s):** \$88.75 for each year due this office.

**Penalty Fee(s):** \$500 for each year or part thereof limited partnership revoked on our records.

A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

**9. Pursuant to the provisions of section 620 1810 or 620 1909, Florida Statutes. I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Chapter 620, Florida Statutes**

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* (REGISTERED AGENT MUST SIGN)

DATE 10/14/09

**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
HUNTINGBURG MANAGEMENT LLC	5294 SUMMERLIN COMMONS WAY, 1203	FT. MYERS, FL 33907	L09000007C03

700161836867

10/16/09--01041--018 \*\*500.00

REINSTATEMENT 09

**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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 *[Signature]*

DATE 10-14-09

Typed or Printed Name of General Partner Signing Form D. TODD MCGEE REGISTERED AGENT

Telephone Number: 239-939-9030

CR2E039 (1/07)