

1026.25


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 Oct 10 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** A03000001172

**1. Name of Limited Partnership**

Fenton Partners Limited  
2000 PGA Blvd. Suite 2202  
North Palm Beach, FL 33408

CR2E039 (8/05)

<b>2. Principal Office Address</b> Same		<b>3. Mailing Office Address</b> Same	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

**4. Date Formed or Registered To Do Business In Florida** 8/15/03

**5. FEI Number** 20-0678884

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

**6. CERTIFICATE OF STATUS DESIRED**  **\$9.75 Additional Fee required for a Certificate of Status**

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

Name  
Ira C. Fenton

Street Address (P O Box Number Is Not Acceptable)  
2000 PGA Blvd.

Suite, Apt #, Etc  
#2202

City  
North Palm Beach

State  
FL

Zip Code  
33408

**7a. Capital Contributions as shown on Record:**  
\$100.00

**7b. Amount of Capital Contributions in FLORIDA to date:**  
\$100.00

**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 Fees(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 due

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 

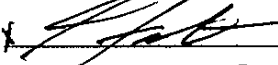
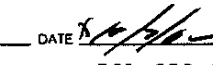
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City State and Zip Code	10a. Registration Document Number
ICP GP, Inc.	2000 PGA Blvd. #2202	North Palm Beach, FL 33408	P03000089800

500061912615  
12/05/05--01059--001 \*\*\*641.25

**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 

Typed or Printed Name of General Partner Signing Form Ira C. Fenton, Telephone Number 561-630-5116