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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

16 APR 29 AM 0:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A25830

1. Name of Limited Partnership
HKM, LTD.

2. Principal Office Address - No P.O. Box # 1033 Demonbreun Street	3. Mailing Office Address 109 Westpark Drive
Suite, Apt. #, etc. 600	Suite, Apt. #, etc. 330
City & State Nashville, TN	City & State Brentwood, TN
Zip 37203 Country USA	Zip 37027 Country USA

CR2E039 (1/11)

4. Date Formed or Registered To Do Business in Florida **02/16/88**

5. FSI Number **58-1773537** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT Corporation Systems, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1200 S Pine Island Road

Suite, Apt. #, Etc.

City
Plantation FL Zip Code
33324

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.

E-mail Address:
pyoung@pylaw.net

E-mail address to be used for future annual report notices

9. Pursuant to the provisions of sections 820.1810 or 820.1909, 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) *Carrie Bays* DATE **04/29/2016**
(REGISTERED AGENT SIGN)

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
Dr. H.S. Graf zu Muenster	Chemin de St. Maurice 53	CH-1222 Vesenzaz, (Genf) Schweiz CH	

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, Florida Statutes 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 effect 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, FS.

SIGNATURE *[Signature]* DATE **04/29/2016**

Dr. H. S. Graf zu Muenster, General Partner

Typed or Printed Name of General Partner Signing Form Telephone Number

K. ASHTON

2052

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LP/LLLP REINSTATEMENT
HKM, LTD.**

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