

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:08

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A97000002580

1. Name of Limited Partnership

**Terry41 Limited Partnership**

2. Principal Office Address

27160 Bay Landing Drive

Suite, Apt. #, etc.

3. Mailing Office Address

27160 Bay Landing Drive

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

USA

Zip

34135

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

12/01/1997

5. FCI Number

650796776

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

**Stephanie J. Liggett**

27160 Bay Landing Drive

Suite, Apt. #, Etc.

Bonita Springs

State

FL

Zip Code

34135

**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

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)

*Stephanie J. Liggett*

(REGISTERED AGENT MUST SIGN)

DATE

3/05/06

**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)

**Kosul, Inc.**

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

27160 Bay Landing Drive

City, State and Zip Code

Bonita Springs, FL 34135

10a. Registration  
Document Number

P970001002B3

700069446427  
04/04/06--01054--027 \*\*3000.00

REINSTATEMENT 04-06

**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

*Stephanie J. Liggett*

DATE

3/15/06

Typed or Printed Name of General Partner Signing Form

Kosul, Inc., by Stephanie J. Liggett, its President

Telephone Number

(239) 947-5900