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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1398000000340

1. Name of Limited Partnership

Castlereas Investment Partners, L.P.

400025196724
12/03/03--01064--024 **158.75

2. Principal Office Address 2109 Bellemead Avenue Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Havertown, Pa.		City & State	
Zip 19083	Country Delaware	Zip	Country

4. Date Formed or Registered To Do Business in Florida 11-6-03	
5. FEI Number 23-2887496	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Lisacul Const., Co.
Street Address (P.O. Box Number is Not Acceptable)
727 Village Road,
Suite, Apt. #, Etc.
City North Palm Beach State FL Zip Code 33486

7a. Capital Contributions as shown on Record:
N/A 10,000.00

7b. Amount of Capital Contributions in FLORIDA to date:
None N/A

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 Fee(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, submit 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) *John M. Rouse* DATE 11/6/03

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
Rouse, John M	71 Turnbridge Rd	Haverford, PA 19041	
Rouse, Debra 2	71 Turnbridge Rd	Haverford, PA 19041	

REINSTATEMENT

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, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *John M. Rouse* DATE 11/6/03

Type or Printed Name of General Partner Signing Form Telephone Number