04 JAN 14 AM 10: 09

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED **PARTNERSHIP** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # A00000000275

1. Name of Limited Partnership

Harnetty Family Limited Partnership, LLLP

alalliz

			1126103			
2. Principal Offic 1800 Eag	e Address les Crest Drive	3. Mailing Office 100 Walla	Address ce Avenue	4. Date Formed or Registered To Do Business in Florida 02/14/2000		
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 240		5. FEI Number 651002024	Applied For Not Applicable	
City & State Port Orange, FL		City & State Sarasota,	FL .	CERTIFICATE OF STATUS DESIRED S8.75. Additional Fee requirer for a Certificate of Status		
Zip 32128	Country USA	^{Zip} 34237	Country USA	7a. Capital Contributions as shown on Record: 7b. Amount of Capital Contributions in FLORIDA to date:		
	8. Name and Add	ress of Current Registered	l Agent			
John E. Napolitano, Esquire Street Address (P.O. Box Number is Not Acceptable)				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.		
100 Wallace Avenue,					2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning	
Suite, Apt. #, Etc. Suite 240						
^{City} Sarasota			zip Code 34237	7a, a supplemental affidavit must be and appropriate filing fee.	7a, a supplemental affidavit must be submitted along with a separate	

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, in 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. Address of Each General Partner Registration

10a. City, State and Zip Code 10. Name(s) of General Partner(s) Document Number (Do NOT Use Post Office Box Numbers) Longboat Key, FL 34228 Monnet, LLC 2525 Gulf of Mexico Dr. L00000000906 **7000280**53347 02/02/04--01082--018 **526.25

RED STATEMENT 2 00 3 - 2004 04 - 01082

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 chapte 620, Florida Gratilles.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (10/02)

A0000000275

I MONIQUE HARNETTY, as Partner of Harnetty Family Partnership, LLLP and Manager of the General Partner, Monnet, LLC, hereby swear and attest that I never received renewal notice, (UBR), from the Florida Department of State for the year 2003. FURTHER AFFIANT SAYETH NOT.

Dated this 9th day of January, 2004

MONIQUE HARNETTY

SWORN TO AND SUBSCRIBED before me this 9th day of January, 2004, by MONIQUE HARNETTY, who is personally known to me.

Kathleen Curtin
MY COMMISSION # DD108599 EXPIRES
April 14, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

NOTARY PUBLIC, STATE OF FLORIDA

Printed Name: Kathleen Curtin

My Commission Expires: April 14, 2006