

# 2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:07

<b>DOCUMENT # A00000000880</b> 1. Entity Name <b>HALLMARK CONCOURSE III. LTD.</b>					
Principal Place of Business <b>8917 WESTERN WAY SUITE 6 JACKSONVILLE, FL 32256</b>			Mailing Address <b>8917 WESTERN WAY SUITE 6 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business <b>6675 Corporate Center Pkwy Ste 100</b> Suite, Apt. #, etc. <b>Ste 100</b> City & State <b>Jacksonville, FL</b> Zip <b>32216</b>		3. Mailing Address <b>6675 Corporate Center Pkwy Ste 100</b> Suite, Apt. #, etc. <b>Ste 100</b> City & State <b>Jacksonville, FL</b> Zip <b>32216</b>		04282006 REIN-LP CR2E100 (11/05) 4. FEI Number <b>59-3649710</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>COLEY, W. ALEX 8917 WESTERN WAY SUITE 6 JACKSONVILLE, FL 32256</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		8. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)</small>			
<b>FILE NOW!!! FEE IS \$1000.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000052324		STREET ADDRESS		
NAME	HALLMARK CONCOURSE III, INC.		CITY-ST-ZIP		
STREET ADDRESS	8917 WESTERN WAY SUITE 6		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
DOCUMENT #	6675 Corporate Center Pkwy		STREET ADDRESS		
NAME	Ste 100		CITY-ST-ZIP		
STREET ADDRESS	Jacksonville, FL 32216		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ Daytime Phone # _____		

STAPLE CHECK HERE

REINSTATEMENT 05-26

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