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PLEASE READ A	ALL INSTRUCTIONS BEFOR	sE_COMPLETING THIS EOBW ME_COMPLETING THIS EOBW
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STA Jim Smith Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # A00000 1. Name of Limited Partnership DOCUBLE J HOLD/1065	001913 LTD.	O2 NOV 18 AM 10: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 1403 i SHIMMERIOS LAKE CT Suite, Apt. #, etc.	3. Mailing Office Address 5AME Suite, Apt. #, etc.	4. Date Formed or Registered To Do Business in Florida 70/28/2000 Applied For
City & State FORT MYERS FL.	City & State	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Zip . Country . LEE	Zip Country Current Registered Agent	7a. Capital Contributions as shown on Record: 7b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, Etc. City FORT MYERS 9. Pursuant to the provisions of sections 620, 1051 and 620, 1	State Zip Code FL 33 907	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 delinquent. 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.
agent. I am familiar with, and accept the obligations of sec SIGNATURE (Registered Agent Accepting Appointment)	red agent, of doth, in the State of Fiorida, Such change wa	as authorized by its general partner(s). I hereby accept the appointment of registered DATE
MUST 10. Name(s) of General Partner(s)	BE REGISTERED AND ACTIV	E WITH THIS OFFICE.
ROBERT PASTERNAK EILEEN PASTERNAK	(Do NOT Use Post Office Box Numbers) H/W 14031 SHIMMERIUGH 6AKE CT.	City, State and Zip Code 10a. Document Number A00000000 1913 FORT MYERS, FL. 33907
		000009140770 11/21/0201014005 **141.25
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, receiver or trustee empowered to execute the exemption stated by chapter 620, Florida Statutes. SIGNATURE **ODUIM 195MOIG SIQUI 950 0 'IIBMUOH OI MINJOI OI IIBMUOH JO PRINTED ALL PASTERUAK DATE **OPUIM 195MOIG SIQUI 950 0 'IIBMUOH OI MINJOI OI IIBMUOH JO PRINTED ALL PASTERUAK [Vyed or Printled Name of General Partner Signing Form of Internation Signing Form of In		

11/14/02

as per our telephone conceration of would appreciate that you wowe any late feel associated with fling our remetatement form. I never acciocal the vigitlation form by mail. Thank you for your hits in assisting me in this matter.

ROBERT PASTERWAY DOUBLE T HOLDINGS