

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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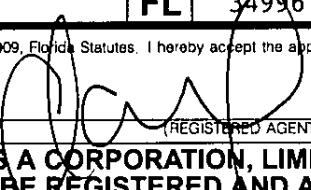
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A 01000000091

1. Name of Limited Partnership

LCH Investments, Ltd.

2. Principal Office Address - No P.O. Box # 8157 SE Doubletree Court		3. Mailing Office Address 9157 SE Doubletree Court		CR2E039 (1/07)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Hobe Sound, FL		City & State Hobe Sound, FL		
Zip 33455	Country USA	Zip 33455	Country USA	
8. Name and Address of Current Registered Agent				7. FEES:
Name CY Corporate Services, Inc.				Filing Fee(s): \$411.25 for each year due this office.
Street Address (P.O. Box Number is Not Acceptable) 800 S.E. Monterey Commons Boulevard				Supplemental Fee(s): \$88.75 for each year due this office.
Suite, Apt. #, Etc. Suite 200				Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.
City Stuart		State FL	Zip Code 34996	<input checked="" type="checkbox"/> A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.
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.				DATE <u>12/30/08</u>
SIGNATURE (Registered Agent Accepting Appointment)  (REGISTERED AGENT MUST SIGN)				

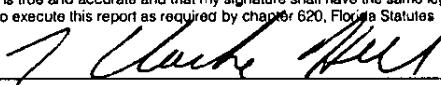
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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
LCH Management, Inc.	8157 SE Doubletree Court	Hobe Sound, FL 33455	P00000048200 900139583529 01/06/09-01013-012 **500.00

REINSTATEMENT 2008

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 
Type or Printed Name of General Partner Signing Form LCH Management, Inc. by its President Telephone Number 772-283-4931